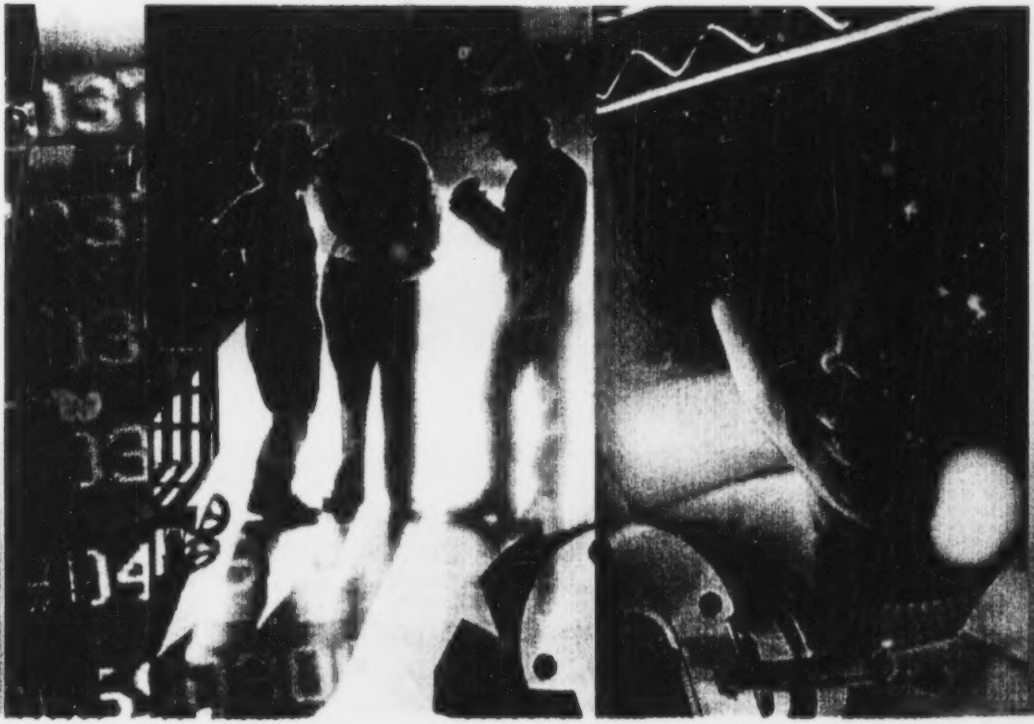
WCB SASKATCHEWAN
WORKERS'
COMPENSATION
BOARD

Board Policy Manual



105-03885/

The Workers' Compensation Board
# of Saskatchewan

Policy Manual

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WELCOME TO THE POLICY MANUAL

Welcome to the Policy Manual of The Workers' Compensation Board (WCB) of Saskatchewan. The WCB has revised its Manual to better meet the needs of a diversity of users, including WCB employees, workers, employers, public servants, doctors, unions, lawyers and legislators.

Stakeholder Notification

Stakeholders can access the Policy Manual on-line at *http://www.wcbsask.com* using *Adobe Reader 6.0*, free software that may be down loaded for viewing and printing. Anyone wishing to update their paper manual may print new or amended policies from the website.

To help remind you to regularly check this website for changes, we'll notify you by email of any policy/procedure postings.

> If you would like to sign up for this service, please click on the following link: http://mywcb/Policy_&_Act/Policy_Subscription.html

It is your responsibility to inform us:

- Of your preferred email notification address
- If your email address changes

Stakeholders may also view paper copies at both the Saskatoon and Regina offices reception areas.

Effective Date of the Policy Manual

The effective date of the WCB Policy Manual shall be 01 April 1996 or such earlier date as is stipulated by the WCB.

Except as otherwise provided in the Policy Manual, or by decision of the WCB, all previous policies as they existed at the time when a decision was made will continue to apply with respect to injuries and adjudication that occurred before the effective date of the new manual.

On and after the effective date of this Manual, all ongoing adjudication of existing and/or new claims will be undertaken in a manner consistent with this Policy Manual, subject to such just exceptions as may be required by the justice and merits of each case.

What is policy and how does it relate to legislation

Policy fits within a hierarchy of authority that permits a legislature to implement its intentions.

Statute Law is the highest authority for translating an electoral mandate into action. Statues are created in form of a Bill, which is formally debated and ratified by the legislature to become an Act. An Act normally delegates authority to a government department, agency, crown corporation, etc. to administer and implement the government's intent.

In the past, statues were written in such a manner that it was open to wide interpretation, resulting in the necessity for regulations and policies to establish the detail. More recent practice is to cast legislation with more detail so as to minimize the opportunity for misinterpretation or re-interpretation via judicial process.

Regulation is similar to law, but is approved by the Lieutenant-Governor in Council (the Cabinet) rather than by the whole legislature. Regulations are much easier to amend and, to the extent permitted by the statute, permit a government to fine-tune the detail of its intentions in light of changing needs or circumstances. Moreover, regulations are usually more specific in the powers and duties they convey to officials, so that officials are aware of their responsibilities and authorities, and can be held accountable.

Like legislation, regulations are now being written with greater inclusion of detail.

Policy is equivalent to regulation, and is normally written by an administrative authority in order to interpret legislation and regulation and, from such interpretation, identify intentions and specify actions by employees or clients that put intentions into action. They do this in a number of ways, such as:

- They interpret law under powers delegated to them by the Act
- They may broaden or restrict the application of the law where authorized to do so.
- They decide what programs and actions will be designed and implemented to meet the instructions in the Act.

Policies specify what will be done, and sometimes by whom.

Procedure is authorized by the Chief Executive Officer and specifies how a given policy will be implemented. Where procedures are approved for a given policy, they are referenced in the complements section of the Data Block.

Putting Policy into context

The WCB is given express authority by *The Workers Compensation Act, 1979* to interpret and implement the intentions of the Legislature within the context of the Act. It follows that corporate policies authorized by the WCB represent the primary operating authority under the Act and provide guidelines for WCB staff. Thus, staffs are specifically directed to use policy where applicable, rather than re-interpret the legislation.

There may be circumstances where a claimant or individual feels that a policy ought not to apply due to special circumstances. Consideration may be given to the special circumstances but appropriate authority to deviate from policy must be sought.

WCB Policy constitutes the day-to-day decision making framework and authority for all WCB employee decisions and actions. Only WCB Board members and those to whom they specifically delegate such authority are authorized to interpret the Act and transform such interpretation into action.

Policy development process

Policy development is a formal process within WCB, with specific forms, procedures and sign-offs designed to ensure organization-wide consultation and collaboration in the drafting and revision of policies and procedures. The practical considerations of those who have to deliver programs as well as the administrative and organizational considerations of management, are captured by this process. Proposals for policy originate at the executive management level, and once initiated, enters the formal process and is tracked until such time as it is accepted and ratified, or is rejected.

Who should use this Manual

Policy Manual

The Policy Manual is authorized by the WCB for use by all internal staff as a primary source of authority and reference. Section 21.1(2) of *The Workers' Compensation Act, 1979* specifically authorizes use of the Manual by all external parties for whatever purpose. By virtue of Policy POL 11/96 – *Approval and Issuance of the new WCB Policy Manual*, this manual supersedes any WCB policy manuals issued prior to April 1, 1996.

Except as otherwise provided in this manual, or by decision of the WCB, all previous policies as they existed at the time when a decision was made will continue to apply with respect to injuries and adjudication that occurred before the effective date of the new manual. The previous manual and policies are otherwise revoked and are not to be used or applied on or after the effective date of the manual.

On and after the effective date, all ongoing decisions of existing and/or new claims will be undertaken in a manner consistent with the new policy manual, subject to such exceptions as may be required by the justice and merits of each case.

How it should be used

Level of authority

The Policy Manual is the primary source of authority and reference for current decisions on claims and assessment of premiums. The WCB has installed the policy manual on its website for use by external stakeholders and internal staffs.

Usage

The Table of Contents may be consulted at the front of the manual to identify the broad area of interest. Each sub-section also has a table of contents that will show each of the individual policies or procedures within the section.

There are four indexes that are cross-referenced: Act/Section, Alphabetical Index of Titles, Policy Number Index and Year published. These indexes may be printed if stakeholders wish to maintain their own paper copies.

Complete historic policy documentation for archival and reference purposes is retained by the Board, but not published in this Manual.

Cross-referencing information

Cross-referencing within a policy document is facilitated by three information areas or fields as follows: Policy Number; Data Block; and Document (Doc.) Number. In the electronic copy of the Policy Manual, hyperlinks to complementary or related policy or procedure is also contained in Data Block.

Document Number is the first field in the Policy document, and appears at the top left corner of the page. This number reflects the organization of the Policy Manual by book, section and specific document. Following the Document Number is the title and policy or procedure number.

Policy Number conveys up to (3) pieces of information as follows:

- The year the policy or procedure was first created.
- Where it fits in the order of policies/procedures created that year
- Whether and when the policy has been amended.

Example: the number POL 11/2003 (Amended by ADM 03/2004) conveys the information that the policy was the eleventh policy created during 2003, and was the third policy to be revised and updated in 2004. The lack of such a date in brackets would indicate that the policy/procedure has not been revised in intent since originally drafted.

Data Block is located at the end of the policy text. The data block contains five pieces of information as follows: Act Section; Effective Date; Amended; Application; Document Number; Supersedes and Complements.

Act Section	Identifies the Section of the Act that forms the underlying authority for the policy or procedure
Effective Date	Identifies the date on which the policy or procedure becomes effective.
Application	Indicates to what special groups, what general groups, or under what circumstances the policy or procedure is applicable. For example, "All new claims" would indicate that all new clients would be governed by the new policy after the effective date, but that all claims received before the effective date would be adjudicated on the basis of the old or superseded policy.
Doc. Number	Located also at the bottom right corner of the page. This document number is used in the Table of Contents and the Indices. It is a multi-part number (i.e. 5.6.1.2), the first digit of which indicates the chapter number, the second digit the sub-chapter, and the third and fourth digit the location within the sub-chapter.
Supersedes	Indicates the number of any policy or procedure that is cancelled and superseded by the new policy or procedure. Lack of such a number may indicate that this policy or procedure may deal with an issue that has not been considered previously.
Complements	Reveals the numbers of policies or procedures that deal with the same or similar subject matter and may add new insights or further considerations to the topic.

1.0 COVERAGE

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1.1.2 Coverage, Personal (POL 23/79) 3
1.1.3 Coverage, Personal, and for Elected Officials (POL 28/91) 4
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1.3 Coverage, Snow Plow Clubs and/or Operators (POL 40/75) 8
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1.12 Coverage, Rest Breaks (POL 27/95) 30
1.13 Coverage, First Responders (POL 11/98) 31
1.14 Coverage, Independent Worker (POL 15/2000) 33

1.1.1 Coverage, Personal (POL 31/71)

Document Date 10 August 1971

Purpose To Establish Guidelines for Extending Personal Coverage

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BACKGROUND

Prior to 1972, personal coverage for an employer had to be renewed annually. Not infrequently, coverage was inadvertently not renewed through oversight, delay in filing the requisite submission, or staff error. If the employer then suffered an accident, the claim was rejected for lack of coverage, and on appeal inadvertent error was frequently raised as a defense.

POLICY

1. From 1972, personal coverage will continue in force in the amount applied for until;
   a. a written request is received in the offices of the Board for a change in the amount of coverage or for termination of coverage; OR
   b. coverage is terminated by the Board for non-payment of premium.
2. When personal coverage is canceled the assessment will be levied to the date of termination.

Act Sec #	33	
Effective Date	01 January 1972	
Amended		
Application	All applications for personal coverage	
Doc #	1.1.1	
Supersedes	N/A	
Complements	POL 23/79	Doc # 1.1.2
	POL 28/91	Doc # 1.1.3
	POL 10/92	Doc # 2.1.1.2

1.1.2 Coverage, Personal (POL 23/79)

Document Date	18 June 1979
Purpose	To establish guidelines for Personal Coverage

BACKGROUND

The Board practice of requiring prepayment of premium for optional employer personal coverage whose industry is excluded from the Act appears contrary to the policy of most other insurers. Given that the Board is trying to encourage volunteer coverage for farmers and their employees, this practice appears contradictory.

POLICY

The practice of requiring prepayment is hereby rescinded.

Act Sec #	33	
Effective Date	18 June 1979	
Amended		
Application	Requests for Personal Coverage	
Doc #	1.1.2	
Supersedes	N/A	
Complements	POL 31/71	Doc # 1.1.1
	POL 28/91	Doc # 1.1.3

1.1.3 Coverage, Personal, and for Elected Officials (POL 28/91)

Document Date 10 December 1991

Purpose To Establish Guidelines for Personal Coverage and Coverage of Elected Officials

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POLICY

1. Employers:

   Employers may elect personal coverage to the maximum wage rate of $48,000.00, but the rate of coverage elected should realistically reflect the actual earnings of the individual. Employer coverage is therefore granted on the following terms and conditions:

   a. If the rate of coverage elected does not exceed the overall average weekly wage for claims settled in the previous year, compensation may be calculated on the elected rate.

   b. If the rate of coverage elected exceeds the overall average weekly wage as defined in (a), for compensation purposes, the claimant must be able to substantiate earnings from his industry equivalent to the rate of coverage. If the claimant is unable to do so, compensation is to be calculated on the greater of substantiated earnings or the overall average weekly wage.

2. Elected Officials:

   Sections 5(2) and 6(2) of the Act provide for coverage for elected officials of both rural and urban municipalities, and members of the governing body of an Association or organization established for the benefit of the public and not for any profit.

   This coverage permits recognition of earnings loss from both the position for which coverage has been elected and personal employment or business. Therefore:

   a. Earnings from the injured person's employment or business may be used to substantiate the rate of coverage elected for as required by 1(b) whether or not such earnings are derived from an Act covered occupation or business.

3. Personal Coverage
   a. The levy for personal coverage shall not exceed that called for by the maximum assessable wage rate as established from time to time by the Board pursuant to Section 137(2).
   b. In 1(b) situations where compensation is not calculated on the rate of personal coverage requested, the charge for coverage for the year of injury is to be adjusted downward to the rate used.

PROCEDURE

Employers are to be routinely made aware of these terms and conditions through the payroll statement form, notice of assessment, etc.

Act Sec #	33,137(2)	
Effective Date	10 December 1991	
Amended		
Application	All Requests for Personal Coverage and Elected Officials	
Doc #	1.1.3	
Supersedes	POL 02/89	
Complements	POL 31/71	Doc # 1.1.1
	POL 23/79	Doc # 1.1.2

1.2 Coverage, Travelling to and from or for Work (POL 12/98)

Document Date 16 September 1998

Purpose To provide coverage in certain situations when traveling to and from work.

BACKGROUND

1. Policy 22/73 had been incorporated into the Policy Manual. Board Order 13/75 while not included in the Policy Manual was still being applied.
2. Policy 22/73 and Board Order 13/75 do not deal with identical circumstances, resulting in confusion regarding whether Policy 22/73 was canceled by the wording of Board Order 13/75.
3. The Board directed that Policy 22/73 be modified to clarify the WCB position concerning acceptability of Expense Allowances for Travel in light of recent Board and Court of Appeal Decisions.

POLICY

1. As a **general** rule, injuries that occur while the worker is traveling from place of residence to the work site and return regardless of who owns the vehicle the worker is traveling in, do not arise out of and in the course of employment. However, examples of situations where coverage **will** be extended include:
    a. Where the employer transports one or more workers by a conveyance owned, leased, or otherwise paid for by the employer.
    b. Where the employer pays wages for time spent in traveling to and from work.
    c. Where specific travel occurs beyond what a regular travel allowance covers and is either prepaid against subsequent submission of receipts or is reimbursed for an actual expense, incurred on behalf of and at the request of the employer.

    In cases 1 b) and 1 c), coverage applies only while the worker is following the most practicable route between the worker's residence and the work site either during or after normal working hours.
2. Where employment takes the worker away from the usual place of residence, and the employer pays for travel, meals, and/or lodging:

a. Individuals so traveling will be in the course of their employment from the time they leave their place of residence until they return thereto except deviation for personal reasons. Coverage includes by means reasonable for the circumstances, any traveling necessary between the individual's lodgings and the temporary work site, e.g., a bus driver going from the hotel to the location of the vehicle.

b. Injuries occurring en route to, within, or en route from dining facilities in reasonable proximity to the temporary work site or temporary domicile of the worker are compensable.

c. Injuries that occur while the worker is making reasonable and proper use of the lodgings are also compensable.

Act Sec #	22, 29, and 82	
Effective Date	Immediately	
Amended		
Application	All new claims	
Doc #	1.2	
Supersedes	POL 22/73 POL 13/75	
Complements	POL 28/77	Doc # 3.2.2

1.3	**Coverage, Snow Plow Clubs and/or Operators (POL 40/75)**
Document Date	20 October 1975
Purpose	To Establish Guidelines for Coverage of Municipally-Authorized Snow Plow Clubs and Operators

BACKGROUND

The Saskatchewan Association of Rural Municipalities (SARM) has requested that the method of assessing snow plow clubs or operators stipulated in Policy 45/72 be amended.

POLICY

1. Rural Municipalities and Local Improvement Districts will no longer be required to pay assessment on the basis of $300.00 per individual operator or club as manpower earnings.
2. Actual earnings of employees engaged in snow removal or one quarter of the gross earnings of individual operators or clubs supplying equipment are to be reported for assessment purposes.
3. For compensation purposes the wage rate set for a farmer-operator is to be $5,200.00 per annum; for councilors and reeves the amount of elected coverage. An employee of an operator or snow plow club is to be compensated on the basis of actual earnings.

Act Sec #	12
Effective Date	01 January 1976
Amended	
Application	All Claims and Assessments
Doc #	1.3
Supersedes	POL 45/72
Complements	N/A

1.4.1 Coverage, Out of Province/Country (POL 08/1999)

Document Date 21 April 1999

Purpose To Provide Coverage for Workers In The Course of Employment Outside of the Province or Country

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DEFINITION

Resident of Saskatchewan:

A worker will ordinarily be considered a resident of Saskatchewan when it can be determined that his or her permanent place of residence is within Saskatchewan or, with submission of reasonable proof, would be within Saskatchewan following the employment contract or work term outside of the province. Examples of information required to prove residency would be, but are not limited to, copies of application for Saskatchewan health coverage, copies of application for Saskatchewan driver's license, etc.

Usual place of employment in Saskatchewan:

1. A worker will ordinarily be considered to have his or her usual place of employment in Saskatchewan if the worker, prior to leaving the province/country:
   a. performed the greatest percentage of his/her employment contract or work term with the employer in question within Saskatchewan,
   b. was hired in Saskatchewan, and
   c. was paid from the employer's Saskatchewan office or on the basis of records submitted by the employer's Saskatchewan office.

Continuous period, as referenced in this policy, includes any period of work or paid or unpaid leave of absence, which is not interrupted by a return to Saskatchewan for a period of two months or more.

BACKGROUND

1. On an increasingly regular basis, Saskatchewan employers send workers outside the Province of Saskatchewan to perform work in other parts of Canada and/or outside of Canada. This policy will ensure Saskatchewan workers are provided coverage under The Workers' Compensation Act, 1979 (the Act) when they perform work in the course of their employment outside the province/country and would not

have mandatory coverage in another jurisdiction or coverage similar to what they would receive in Saskatchewan.

2. Section 34 of the Act notes that The Workers' Compensation Board (WCB) may enter into an agreement with its equivalent body of any province or territory of Canada to provide that any compensation payable to any worker or his dependents, where work that is incidental to his employment is performed partly in Saskatchewan and partly in that province or territory, shall be paid either in accordance with the Act or in accordance with the law of that province or territory. This has been formalized in the Inter-jurisdictional Agreement on Workers' Compensation that all provinces and territories have agreed to and signed.

3. Section 35 of the Act speaks to an injury outside Saskatchewan:

> Subject to the provisions of an agreement under Section 34, where:
>
> (a)a worker is a resident of Saskatchewan or the usual place of his employment is in Saskatchewan and his employment requires the performance of work both within and outside Saskatchewan; and
>
> (b) the worker is injured while he is performing work outside of Saskatchewan; the worker or his dependents shall be paid compensation under this Act.

It is clear that Section 35 requires coverage for injuries outside Saskatchewan in specifically prescribed circumstances. There must be substantial connection with Saskatchewan consisting of residence or usual place of employment in Saskatchewan AND the worker must be required to perform some work in Saskatchewan. This policy will provide an interpretation of Section 35 by clarifying the terms used and by placing time limits beyond which the worker is not considered to be performing work within Saskatchewan.

4. Section 44 states that no employer and no worker or any dependent of a worker has a right of action against an employer or a worker with respect to an injury sustained by a worker in the course of his employment. However, this section may not apply to workers and subsequently their employers when injuries are sustained out of the province/country. Coverage is extended on an insurance basis only outside the boundaries of Saskatchewan.

POLICY

1. This policy applies to:
    a. Workers employed by an employer carrying on an industry inside Saskatchewan where:
        i. mandatory coverage under another jurisdiction does not apply or

  - ii. mandatory coverage under another jurisdiction applies but the coverage is below that which the Saskatchewan WCB provides. In such cases, the coverage provided by the other jurisdiction will be topped up by the board to the level which would have been provided had the Saskatchewan board provided the initial coverage, and
  - iii. the definitions of "resident of Saskatchewan" or "usual place of employment" are met as outlined in this policy

- b. Workers of subsidiary companies or other business entities of Saskatchewan employers where:
  - i. the Saskatchewan employer carries on business activities through a subsidiary or other business entity (e.g. joint venture, partnership) outside of Saskatchewan and these activities are a natural extension of an industry the employer conducts in Saskatchewan, and
  - ii. the subsidiary would not require its own account with the WCB, and
  - iii. the definitions of "resident of Saskatchewan" or "usual place of employment" are met as outlined in this policy.

- c. Workers of Saskatchewan employers who are temporarily transferred or seconded to an employer outside of Saskatchewan where:
  - i. the transfer or secondment is two years or less, or
  - ii. if the transfer or secondment is more than two years, notice of the transfer or secondment has been received and verified by the board prior to the occurrence of a work injury, and
  - iii. the definitions of "resident of Saskatchewan" or "usual place of employment" are met as outlined in this policy.

2. Compulsory Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of less than two years, the worker shall be considered to be performing work both within and outside of Saskatchewan and the Board shall extend coverage to workers to whom this policy applies. It is not necessary for the employer to make application for coverage for this worker; however, the employer is responsible for reporting the worker's wages and paying the applicable assessment on these wages.

3. Optional Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of greater than two years but less than five years, the worker may be considered to be performing work both within and outside of Saskatchewan and the Board may extend coverage to workers to whom this policy applies.

Under these circumstances, the employer must submit a written request for coverage. Each application will be reviewed on its own merits and will include such things as:

a. name and position of worker,
b. detailed explanation of job duties which would remove the worker from the Province of Saskatchewan,
c. dates of departure and return, and
d. detailed information, if required, ensuring the worker and employer meet the definitions outlined in this policy.

4. No Entitlement to Coverage

If the employer requires the worker to be absent from Saskatchewan for a continuous period of greater than five years, the worker will not be considered to be performing work both within and outside of Saskatchewan and the Board will not extend coverage to workers under these circumstances.

5. Health Care Costs

Coverage of applicable health care costs associated with a work injury will be provided based on current client services policies and procedures.

Act Sec #	2(f), 2(t), 3, 34, 35, 36, and 44
Effective Date	21 April 1999
Amended	
Application	Employers in Saskatchewan who assign Saskatchewan workers to perform work in other jurisdictions and to the aforementioned Saskatchewan workers.
Doc #	1.4.1
Supersedes	POL 48/75 POL 15/77
Complements	PRO 08/1999 Doc 1.8

1.5 Coverage, Taxi Cabs (POL 34/77)

Document Date	11 August 1977
Purpose	To Establish Guidelines for Coverage of Taxi Cab Operators

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POLICY

1. Remuneration paid to employees, dispatchers, and operators of company-owned vehicles is deemed to be wages for assessment purposes.
2. Owner-operators who merely pay “stall rent” are to be considered as independent operators with the right to elective coverage.
3. Any person in the employ of the owner-operator is to be considered a worker and assessment of owner-operator applies.

Act Sec #	12, 33
Effective Date	01 January 1978
Amended	
Application	All Future Applications
Doc #	1.5
Supersedes	POL 40/72
Complements	N/A

1.6.1 Coverage, Exchange of Farm Labour (POL 12/81)

Document Date	16 April 1981
Purpose	To Establish Guidelines for Coverage for Exchanges of Farm Labour

POLICY

1. Farm coverage is issued only on the basis that both the farmer and his workers are covered, or that his workers alone are covered.
2. Where there is an exchange of labour between farmers, each of whom has complete coverage with the Board, both the farmers and all their workers are covered.
3. Where there is an exchange of labour for a farmer who has coverage, by another farmer who does not have any coverage, only the worker of the farmer without coverage is deemed a worker of the farmer with coverage, but neither farmer is covered unless he has previously requested personal coverage for himself.
4. Where there is an exchange of labour between a farmer who has coverage for a farmer who does not have coverage, the former continues to be covered.
5. For assessment purposes, a value in respect to item 3 is to be placed on the labour performed and is to be reported by the farmer with coverage.

Act Sec #	2(t)(iv), 12	
Effective Date	16 April 1981	
Amended		
Application	All Affected Claimants and Assessments	
Doc #	1.6.1	
Supersedes	N/A	
Complements	POL 15/81	Doc # 1.6.2

1.6.2 Coverage, Family of a Farm Worker (POL 15/81)

Document Date	02 July 1981
Purpose	To Establish Guidelines for Coverage for Farm Worker Families

POLICY

1. Where a farmer hires a worker who is to reside on the farm with his wife and children and only the worker is paid, his wife is also to be regarded as a worker for compensation purposes, because in most cases the farmer is well aware that the wife will be assisting with farm chores and her assistance is expected whenever required.
2. For the wife to be eligible for Act entitlement, it must be demonstrated she regularly assisted with farm chores and was actually doing so when injured.
3. Disability benefits for the wife are to be calculated on a reasonable portion of her spouse's wages with each case being assessed on its own merits.
4. The children of the farm worker are not to be covered unless they are paid by the farmer and shown on his payroll records as employees.
5. If the hired worker does not reside on the farm, his wife is not to be considered a worker unless she is paid a stated wage and carried on the payroll.

Act Sec #	2(t)(iv), 12	
Effective Date	02 July 1981	
Amended		
Application	All Future Claims	
Doc #	1.6.2	
Supersedes	N/A	
Complements	POL 12/81	Doc # 1.6.1

1.7.1 Coverage, Inmates (POL 04/82)

Document Date 26 January 1982

Purpose To Extend Coverage for Inmates of Certain Correctional Facilities

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BACKGROUND

1. The Department of Northern Saskatchewan, with the approval of the Department of Finance, has requested that the Act coverage presently in place for inmates of the Potato Lake Probation Hostel be extended to inmates of the following correctional centres also operated by the Department:
    a. Besnard Lake Camp
    b. Buffalo Narrows Community Correctional Centre
    c. Creighton Community Correctional Centre

POLICY

The application is hereby approved.

Act Sec #	12	
Effective Date	26 January 1982	
Amended		
Application	All Inmates of the Subject Camps	
Doc #	1.7.1	
Supersedes	N/A	
Complements	POL 47/83	Doc # 1.7.2
	POL 12/85	Doc # 1.7.3

1.7.2	**Coverage, Community Service Order Participants (POL 47/83)**
Document Date	11 October 1983
Purpose	To Establish Guidelines for Extending Act Coverage to Participants in the Community Service Order (CSO) Program

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BACKGROUND

A CSO is a formal court sanction that requires an offender to perform a specified amount of community service in lieu of a term of imprisonment.

POLICY

1. Coverage is hereafter provided to CSO participants who are injured in the course of performing community service work.
2. Coverage is not extended to CSO participants in any activity other than duly authorized community service work as assigned by the CSO Program Agent.
3. All accidents requiring medical attention or involving loss of time shall be reported. Benefits should be provided in the usual manner without regard to completion of CSO settlement.
4. WCB will bill the Department of Justice for benefits provided.
5. The Director of Community Participation Section will forward the employer's report to the WCB.

Act Sec #	12	
Effective Date	15 October 1983	
Amended	03/96 ADM03/2000 – 10 January 2000	
Application	All CSO Participants	
Doc #	1.7.2	
Supersedes	N/A	
Complements	POL 04/82	Doc # 1.7.1
	POL 12/85	Doc # 1.7.3

1.7.3 Coverage, Young Offenders Act (POL 12/85) (Amended by ADM 03/2000)

Document Date 07 May 1985

Purpose To Extend Coverage to Participants in The Young Offenders Act Programs

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BACKGROUND

The Department of Finance requested coverage under the Act for young persons while they are working under a Youth Court order or as part of an Alternative Measures Program.

POLICY

1. Coverage under the Act is hereby extended to young persons working in an approved place of work under order of the Youth Court or as part of an alternative measures program authorized by the Attorney General of Saskatchewan.
2. Coverage is to apply in accordance with accepted Memorandums of Agreement common to other government sponsored programs with related costs charged to the Department of Social Services.

Act Sec #	12
Effective Date	07 May 1985
Amended	10/95 ADM 03/2000 – 10 January 2000
Application	Young Offenders in Work Programs
Doc #	1.7.3
Supersedes	N/A
Complements	N/A

1.8 Coverage, Owner-Operators (POL 01/87) (Amended by 11/95)

Document Date 05 January 1987

Purpose To Establish Guidelines for Coverage of Owner-Operators While Servicing Equipment

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DEFINITION

Currency of contract is hereby redefined as "the period extending from the time the owner-operator commences a signed contract, for an activity to which the Act applies, until 12 midnight of the tenth calendar day following completion of the contract".

BACKGROUND

1. Coverage for owner-operators while servicing their own equipment was extended to cover servicing of equipment "during the currency of the contract" in 1974. At that time, coverage was extended regardless of whether or not servicing was undertaken during or outside normal working hours, and specifically included servicing done on the premises of the owner of the equipment.
2. Currency of contract was defined at that time as "the period extending from the time the owner-operator first arrives at the site where the work is to be performed on commencement of contract, and extends until twelve midnight of the day on which the term of contract terminates".
3. Occasionally, injuries are sustained that do not meet the referred terms of reference resulting in an owner- operator being denied benefits when in fact assessment has been paid.

POLICY

1. Currency of contract is hereby broadened to provide owner-operators, within the meaning of Section 9 of the Act, with more equitable access to the benefits of the Act.
2. Coverage is extended to include travel to and from the contracted work site and to direct related activities immediately preceding.
3. Fringe incidents not specifically within the said criteria may be given consideration on the individual merits having regard to an assessment base.

4. Costs of any compensable injuries occurring outside this policy are to be charged to the industry group.

Act Sec #	9
Effective Date	05 January 1987
Amended	11/95
Application	All Future Claims by Owner-Operators
Doc #	1.8
Supersedes	POL 18/74
Complements	N/A

1.9 Coverage – Students in Work-Based Learning Assignments (POL 08/2004)

Document Date 14 September 2004

Purpose To define circumstances in which coverage can be extended to students in work based learning assignments.

DEFINITION

Bona fide student means an individual who is engaged in a work-based learning assignment and who is registered with:

- The Examinations and Students Records Unit and the appropriate regional office of Saskatchewan Learning, if the course is offered by a school;
- A post-secondary institution, if the course is offered by that institution; or
- Saskatchewan Learning, if the course is offered by a community-based organization.

Work Based Learning Assignment means a course or component of a course which:

- Is offered by a school or post-secondary institution or through a community-based organization as defined in this Policy and the Memorandum of Understanding entered into by the WCB and Saskatchewan Learning;
- Provides for students to be engaged with an employer without pay for more than one day in the performance of work normally undertaken by the employer; and
- Is either approved by or is partially or totally funded by Saskatchewan Learning;

but shall not include any portion or component of a course which takes place outside of Saskatchewan.

Community Based Organization (CBO) means an organization recognized by Saskatchewan Learning that delivers training or employment services for no profit.

Employer means an employer as defined by The Workers' Compensation Act, 1979.

Post-secondary Institution means a post secondary educational institution listed in Appendix "A" as updated from time to time by Saskatchewan Learning.

School means a school listed in Appendix "A" as updated from time to time by Saskatchewan Learning.

BACKGROUND

1. Historically, The Workers' Compensation Board (WCB) has extended coverage to students in work based learning assignments under agreements between WCB and the Departments of Education and Post Secondary Education and Skills Training. In 2002, these two departments were brought under one umbrella, now called The Department of Saskatchewan Learning ("Saskatchewan Learning").

2. Saskatchewan Learning has requested that coverage continue to be extended to unpaid students (not normally considered workers), as stipulated under Section 12 of The Workers' Compensation Act, 1979 (the "Act") while participating in work-based learning assignments approved by the Department.

POLICY

1. Subject to this Policy and a Memorandum of Understanding (MOU) between WCB and Saskatchewan Learning, special coverage under the Act is extended to those bona fide students participating in a work based learning assignment that is sponsored in whole or in part, by Saskatchewan Learning.

2. Under authority of Section 12 of the Act, WCB deems bona fide students to be workers while in the course of completing a work based learning assignment and by Section 22(1)(b) orders that bona fide students sponsored by Saskatchewan Learning are in the course of employment.

Terms and Conditions

3. To be covered by the Act, bona fide students will be considered workers of Saskatchewan Learning while in the course of completing the work-based learning assignment with an employer covered under the Act. Coverage is not extended to students who attend "Take Your Kids to Work" or any other work-shadowing type of program."

4. Coverage is not provided for an injury occurring on the education institution's premises unless the injury arises out of and in the course of a work based learning assignment, as defined by this policy and outlined in the MOU.

5. No payment of loss of earnings will be made during a school term or a training period unless actual loss of earnings is demonstrated.

6. If there is loss of earnings between school terms or following termination of schooling, the calculation of wage loss benefits for any claims arising out of this policy will be based on:
    a. All earnings from a bona fide student's employment in industries covered by the Act;
    b. Where there are no covered earnings, the provincial minimum wage for a forty-hour workweek for the first 24 months of demonstrated earnings loss;
    c. Where wage loss benefits have been paid for a period exceeding 24 consecutive months, two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs;
    d. In the event of a fatality, benefits to the dependent spouse will be based on the provisions under Section 83 of the Act.
7. Any claims costs arising out of this policy are to be applied directly to the cost experience of Saskatchewan Learning and will be reflected in the premiums charged to the Government of Saskatchewan.
8. The CEO or designate shall have the authority to execute the Agreement on behalf of the WCB.

ATTACHMENTS

Appendix A – Schools & Post Secondary Institutions

Act Sec #	2(t), 12 and 22
Effective Date	25 October 2004
Amended	
Application	All bona fide students in work-based learning assignments sponsored by Saskatchewan Learning
Doc #	1.9
Supersedes	POL 15/94
Complements	PRO 08/2004 Doc # 1.9

Appendix A

Schools

Schools include the following as defined or referred to in The Education Act, 1995 and The Independent School Regulations:

All schools of a school division

All fransaskois schools of the Conseil scholaire fransaskois

The Saskatchewan Correspondence School

All historical high schools

Post Secondary Institutions

Saskatchewan Institute of Applied Science and Technology

Carlton Trail Regional College

Cumberland Regional Regional College

Cypress Hills Regional College

Lakeland College – Lloydminster

Northlands College

North West Regional College

Parkland Regional College

Prairie West Regional College

Southeast Regional College

Dumont Technical Institute and Gabriel Dumont Institute

Apprenticeship and Trade Certification Commission

University of Regina, including its federated and affiliated colleges

University of Saskatchewan, including its federated and affiliated colleges

Saskatchewan Indian Institute of Technologies

1.10 Coverage, US Trucking Firms Employing American Nationals Only (POL 10/98)

Document Date	01 September 1998
Purpose	To Establish Guidelines for U.S. Trucking Firms Employing American Nationals Only

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BACKGROUND

Previously, Revenue and Employer Accounts had entertained applications from U.S. based trucking firms employing American Nationals only for coverage under Section 12 of the Act. However, U.S. based trucking firms employing American Nationals only are excluded from the Act as outlined in Exclusive Regulations 3(aa). Therefore, no further applications for coverage will be considered from these firms as they do not employ workers who are residents of Saskatchewan.

POLICY

Application for coverage from U.S. trucking firms who employ American Nationals only will no longer be accepted. U.S. trucking firms who do not employ workers who are residents of Saskatchewan are excluded from the provisions of the Act as outlined in Exclusive Regulations 3(aa).

Act Sec #	12, 22, Exclusive Regulations 3(aa)
Effective Date	01 September 1998
Amended	
Application	All future request for this coverage
Doc #	1.10
Supersedes	N/A
Complements	N/A

1.11.1 **Coverage, Trade Unions (POL 03/98) (Amended by ADM 03/2000)**

Document Date 25 February 1998

Purpose To Establish Guidelines for Coverage of Trade Union Members.

POLICY

1. A trade union is an industry subject to The Workers' Compensation Act, 1979 with its salaried employees regarded as workers.
2. Members of the union who act as representatives of the trade union or the trade union movement at conventions, seminars, etc., or on public bodies or while attending meetings of public bodies, and are paid for these activities, are regarded as workers within the meaning of the Act.
3. Members of the union appointed as delegates in the same activities as (2) above, for which they receive no pay, are not workers, but may be deemed to be by the Board upon application of a trade union pursuant to Section 2(t)(iv) of the Act.
4. Where the delegate's usual employer is not a trade union but where the usual employer grants temporary leave of absence for union activities and continues usual salary, benefits, etc., pursuant to Section 2(f)(iv) the usual employer is considered to be the employer while the worker is temporarily engaged in union activity.
5. For each delegate who is not a worker of the trade union or is a person who has not been granted leave with pay by usual employer, a per delegate fee as determined by the Board from time to time, is to apply where the union makes application for coverage. The per delegate fee can only apply to one person, and must be paid in advance of any claim in the same manner as any employer levy.
6. Coverage as delegate shall apply only to administrative functions of the union, and not activities normally thought of as being related to membership activity, such as attending membership meetings or picketing.
7. Scope of Coverage - Except for salaried employees of the union or union organization when traveling to and from their residence to the place of their usual employment, individuals will be considered to be in the course of their employment from the time they leave their place of residence on official business until they return thereto, except for deviation for personal reasons, and activities related to daily living such as the taking of meals, occupancy of accommodation, etc.

8. Accidents occurring while en route to dine at an establishment in reasonable proximity to the temporary work site or temporary domicile of the individual, or due tfire, structural failure of the hotel or motel where an individual is housed will be regarded as compensable.

9. Assessment Payable and Allocation of Injury Costs
    a. Assessment for the salaried employees of a trade union is to be calculated in the normal way, that is, upon the basis of payroll, and injury costs are to be charged to the trade union's experience.
    b. Where the delegate's usual employer is not a trade union, but where the usual employer grants temporary leave of absence for union activities and continues usual salary, benefits, etc., assessment will be expected from the usual employer, and any costs arising out of injury will be charged to the usual employer's experience.
    c. For each delegate who is not a worker of the trade union or is a person who has not been granted leave with pay by their usual employer, a per delegate fee, as determined from time to time by the Board, is to apply where the union makes application for coverage. Costs occurring from any injury are to be a charge to the trade union's experience.

10. Earnings Loss Wage Base
    a. For salaried employees of a trade union the worker's usual average weekly earnings as determined by Section 70.
    b. For delegates who are employees of a trade union or other employer who have been granted leave with pay for union activities, the worker's average weekly earnings as defined by Section 70.
    c. While unusual, there may be situations where the delegate is unemployed. Such cases are to be referred to the Members of the Board for the establishment of an earnings loss base if, in fact, there is such a loss claimed.

Act Sec #	3
Effective Date	Immediate
Amended	ADM03/2000 - 10 January 2000
Application	Trade Union Members
Doc #	1.11.1
Supersedes	POL 09/94*
Complements	N/A

1.11.2 **Coverage, SGEU, L.T.D. Claimants (POL 13/94) (Amended by ADM 03/2000)**

Document Date 13 June 1994

Purpose To Provide Coverage of S.G.E.U. Members on L.T.D. Training

BACKGROUND

The Saskatchewan Government Employees' Union (SGEU) requests that those members of the Union's Long Term Disability Plan who, as a rehabilitation measure, are placed in work placement assignments as a preliminary to employment be extended the coverage of The Workers' Compensation Act as learners.

POLICY

Coverage is granted under the following conditions:

1. Each placement must satisfy the definition of "learner". That is, the person becomes subject to the hazards of an industry for the purpose of undergoing training or probationary work as a preliminary to employment.
2. It will be S.G.E.U.'s responsibility to negotiate an agreement for each placement with the prospective employer and the Long Term Disability Plan recipient.
3. No Act coverage may be assumed until the Board has given formal approval. The agreement for each placement negotiated by the SGEU between the prospective employer and the Long Term Disability Plan recipient will include certification from the recipients attending physician that the position being trained for is within his/her physical or emotional capabilities. Such certification will be forwarded to the Board for approval.
4. The prospective employer, by taking the role of employer, assumes the responsibilities of and receives the protection of The Workers' Compensation Act.
5. If injury occurs during the placement, which interrupts the training, earnings loss benefits will commence when L.T.D. benefits end, subject to the usual waiting period.
6. Earnings loss benefits are to be calculated on the first step of the pay range of the position being trained for.

7. Claims submitted for personal injury are to be assessed in the normal fashion with consideration being given to the provisions of Section 50 where indicated.

8. Recurrences of pre-training conditions not precipitated by something in the training will not be compensated for.

9. No assessment levy will be required from the employer. However, any costs accruing from an injury attributed to the placement for which the Board accepts responsibility will be a charge to the employer's experience.

10. This program is subject to cancellation by either party upon 60 days written notice. Cancellation, however, will not affect those individuals already enrolled in the program.

Act Sec #	2(m), 2(t), 2(i)
Effective Date	13 June 1994
Amended	ADM03/2000 – 10 January 2000
Application	All SGEU L.T.D. Members in Work Placement As A Rehabilitation Measure and As A Preliminary To Employment
Doc #	1.11.2
Supersedes	N/A
Complements	POL 03/98 Doc # 1.11.1

1.12 Coverage, Rest Breaks (POL 27/95)

Document Date 16 October 1995

Purpose To Establish Guidelines for Injuries Occurring During Rest Breaks

BACKGROUND

1 Rest breaks are now almost universally accepted as forming part of employment, but are not always taken on or in the employer's premises.

2. Activity during rest breaks is not always within the control of the employer.

POLICY

1. Injuries that occur during paid legislated breaks, paid breaks permitted under a labour agreement, or, in the absence of a labour agreement, paid breaks that are authorized or condoned by the employer are compensable.
2. Coverage extends off the worksite premises:
    a. if there are no suitable facilities provided or available therein, or the on site facilities are such that the worker concerned would not reasonably be expected to use them, and
    b. if the employer authorizes or condones the use of an off-site facility.
    c. only as far as the nearest suitable facility.
3. Coverage does not extend to workers using the break for personal activity such as shopping, bill paying, etc.

Act Sec #	29
Effective Date	01 January 1996
Amended	
Application	All related claims
Doc #	1.12
Supersedes	POL 21/73
Complements	

1.13 **Coverage, First Responders (POL 11/98)**

Document Date 01 October 1998

Purpose To Establish Guidelines for Coverage of First Responders

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BACKGROUND

1. Previous to the formation of the health districts, volunteer first responder groups were formed at the initiative and under the control of municipalities. When health districts came into existence, the responsibility for recruiting and training first responders was transferred to the health districts. In addition, mutual aid agreements between health districts and first responder groups now define basic roles and responsibilities of first responders, including the situations to which the district's ambulance service and/or emergency dispatch service will send first responders.
2. The Saskatchewan Association of Health Organizations (SAHO) indicates there are approximately 1,200 first responders currently registered throughout the province, with that number expected to increase to as many as 2,500 with the formation of northern health districts and further development in existing districts. Pursuant to Section 12 of the Act, SAHO has requested coverage for first responders, to be provided through the health districts.

DEFINITION

1. First responders are unpaid volunteers who are trained in first aid and are organized to provide prompt initial emergency care for the sick or injured. They are able to offer initial resuscitation, stabilization and support while ambulance services are en route. First responders are typically dispatched by the health district through the same mechanism as ambulance services, and usually at the same time. They are also expected to provide their services on a "Good Samaritan" basis (without being dispatched) whenever they come upon a situation where there are people who are sick or injured.
2. First responders are:
   a. volunteers who have completed training certified by Saskatchewan Health for emergency first responders,
   b. registered with Saskatchewan Health, and

c. registered as current members of a first responder group that has a mutual aid agreement with its local health district.

POLICY

The Board extends coverage under the Act to members of first responders groups, as follows:

1. Members of volunteer first responder groups shall be considered workers while in the course of responding to an emergency incident.
2. Coverage shall be in effect from notification of an emergency, and includes travel from the individual's residence or location to the site of the emergency incident and return, provided there is no deviation for personal reasons.
3. Any claims arising out of this policy are to be charged directly to the cost experience of the individual health district in which the first responder is registered, with no premiums assessed against that individual health district.
4. The calculation of wage loss benefits for any claims arising out of this policy will be based:
   a. on all earnings from employment in industries covered by the Act, or
   b. where there are no covered earnings, on two-thirds of the average weekly wage as of June in the year immediately preceding the year in which the loss of earnings or ability to earn occurs.

Act Sec #	2(t), 12, Exclusion Regulations 3(bb)
Effective Date	01 October 1998
Amended	
Application	All claims from first responders
Doc #	1.13
Supersedes	N/A
Complements	PRO 11/98 Doc # 1.7

1.14 Coverage, Independent Worker (POL 15/2000)

Document Date 13 December 2000

Purpose To Establish Guidelines for Coverage of Independent Workers

---

DEFINITION

1. In this policy ,"pursuant to Sections 2(t) and 9 of the Act,
   a. "**independent worker**" is defined as someone, regardless of the form in which he or she carries on his her enterprise, whether as a proprietorship, partnership, or some other form,
      i. whose own enterprise is not an excluded industry;
      ii. who supplies his or her own work under a contract for services; and
      iii. who does not employ others
   b. an independent worker is not someone who owns and operates equipment provided under contract for use by a principal. Under Section 9 of the Act such people are deemed to workers in the employ of the principal.
   c. a worker cannot be a person who owns equipment provided under contract for use by a principal, unless they themselves operate the equipment, since they are covered by Section 9 of the Act.

2. "**contract for service**" is where a worker agrees to perform services in return for remuneration. This will only involve those circumstances where no employee/employer relationship exists.

3. "**multiple contracts**" are defined as contracts with different employers and/or private homeowners which may be in place at the same time or may be a series of short term contracts. For the purpose of this policy, contracts will be considered up to three years prior to application for coverage.

BACKGROUND

1. The Board has the jurisdiction under Section #2(t)(iv) of *The Workers' Compensation Act, 1979* (the "Act") to deem persons who do not otherwise come within the definition of "worker" to be workers.

2. The Board has the jurisdiction under Section 22 (1)(i) to determine whether any worker is within the scope of the Act and under Section 21(1) may delegate its

powers. By necessary implication, the Board may give its delegates guidance on how it wishes the delegated powers to be exercised.

3. One of the purposes of workers' compensation legislation is to protect persons whose living depends on their own personal work and to protect them from the financial consequences of work-related injury.

4. The changing work environment with its many variations of the traditional employer/worker relationship requires the clarification of who is considered a worker, for the purposes of the Act.

POLICY

1. When making a determination as to the nature of coverage of an independent worker, the following must be considered:
   a. workers who are truly self-employed and who have no employees are to be allowed to obtain their own account with the Workers' Compensation Board,

      and

   b. employers are to be prevented from reorganizing their work force in order to avoid responsibility for paying workers' compensation premiums on behalf of their workers.

2. Generally personal coverage for an independent worker, as defined under this policy, is to be granted if the worker is able to provide satisfactory evidence that they are involved in multiple contracts with more than one employer, private homeowner and/or other enterprise which may or may not be covered under the Act.

3. Where workers who provide on site labour obtain personal coverage under this policy, the minimum assessment will apply.

4. Where it has been determined that there is sufficient work with one employer which would make the relationship an employee/employer relationship and the worker has another contract which may be within an excluded industry, personal coverage can be requested for that portion of the wage the excluded industry contract represents.

5. Workers who provide on site labour and who do not have personal coverage are deemed to be workers of the employers to whom they supply their work except in the case of employers in an excluded industry.

6. This policy does not apply to employment relationships that would be seen as employee/employer, or master/servant relationships. This would include, among others, those circumstances where an individual is working on a full or part-time

basis for more than one employer. Such employees would have coverage under the Act by virtue of their employer's contributions to the fund.

Act Sec #	2(t), 2(f), 3, 9, 22, 124, 132, 133, Section 14(1) and 14(2) of the *General Regulations*
Effective Date	01 February 2001
Amended	
Application	All Workers As Defined By This Policy
Doc #	1.14
Supersedes	Board Order 56/80 dated 07 July 1980 Board Directive 9/86 dated 14 February 1986
Complements	N/A

2.0 EMPLOYER LEVIES, CLASSIFICATION & COST RELIEF

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2.1 Levies & Classification

2.1.1.1	**Retroactive Assessments (POL 03/74)**
Document Date	18 January 1974
Purpose	To Specify the Assessment Levels for an Employer Who Should Have Been Contributing to the Accident Fund and Has Not Done So.

POLICY

1. In addition to current year assessment, the employer shall be liable for assessment for the immediately preceding five years, or for whatever lesser period his industry has been subject to the Act.
2. No penalties are to be applied.

Act Sec #	147	
Effective Date	18 January 1974	
Amended		
Application	All Retroactive Assessments	
Doc #	2.1.1.1	
Supersedes	N/A	
Complements	POL 10/92	Doc # 2.1.1.2

2.1.1.2 Retroactive Assessments (POL 10/92)

Document Date	24 March 1992
Purpose	To Establish the Period of Retroactive Assessment of Executive Officer Coverage

---

BACKGROUND

1. On 01 January 1975 the Act was amended to deem executive officers who are on the payroll to be automatically observed as workers. Prior to this amendment, such coverage for executive officers was optional.
2. A number of employers feel that their executive officer(s) are exempt, which is often not the case. When, during the course of everyday business, it is determined that proper coverage has not been assessed, the Assessment Department is obliged to do so retroactively. Present policy is to go back three years.
3. This appears inequitable, particularly in the case of employers who have taken out personal insurance elsewhere.

POLICY

1. When, in the normal course of business, it becomes apparent that an employer has unreported executive officer payroll for prior years, only that payroll related to the current year will be assessed.
2. The Board reserves the right to extend retroactive assessment where the executive payroll appears to have been intentionally misrepresented.

Act Sec #	2(t)(iii)	
Effective Date	24 March 1992	
Amended		
Application	All Future Assessments	
Doc #	2.1.1.2	
Supersedes	POL 40/85	
Complements	POL 03/74	Doc # 2.1.1.1

2.1.2 Coverage, Notice of Application (POL 01/2003)

Document Date January 2, 2003

Purpose To establish guidelines on how to meet the requirement for notification to employees

---

BACKGROUND

1. Section 12 of Saskatchewan Worker's Compensation Board Act, 1979 (the "Act") states "an industry, employer or worker excluded from this Act may apply to the board to be brought within the scope of this Act.
2. Subsection (2) requires that any industry or employer that makes an application for such coverage shall notify its workers or their union of the application in a manner that the board directs
3. Subsection 2.1 states "a worker who makes an application pursuant to subsection (1) shall give notice of application to his or her employer in any manner that the board directs."

POLICY

1. In compliance with the Act, the Application for Coverage form to be used by either employers or workers applying for coverage must include a clause(s) stipulating:
    a. the requirement that a company/employer notify its workers or their union of the intent to apply for coverage.
    b. the obligation of the worker to notify the employer of his/her intent to apply for coverage.

Act Sec #	12
Effective Date	02 January 2003
Amended	
Application	Any Industry, employer or worker
Doc #	2.1.2
Supersedes	POL 01/80
Complements	

2.1.3.1 Classification, Change of (POL 05/83)

Document Date 16 February 1983

Purpose To provide assessment guidance when employers change the nature of their business.

BACKGROUND

Some employers, for one or many reasons, may completely change the nature of their business.

POLICY

Where such a change justifies a change in industry classification for an assessed employer, the effective date of the change is to be 01 January of the year in which the review was initiated, regardless of what precipitated the review.

Act Sec #	121
Effective Date	16 February 1983
Amended	
Application	All Future Changes in Classification
Doc #	2.1.3.1
Supersedes	N/A
Complements	N/A

2.1.3.2 Classification of Industries - 2005 Provisional Premium Rates (POL 11/2004)

Document Date 16 December 2004

Purpose To Establish the 2005 Premium Rates for the Classification of Industries

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BACKGROUND

In October 2004, provisional premium rates were established using the rate setting model of the Saskatchewan Worker' Compensation Board (the WCB). These rates were discussed with employers and their associations during meetings held between October 12 and 22. Taking into consideration the feedback received during these meetings, the WCB established the 2005 premium rates.

POLICY

The Board hereby directs the 2005 premium rates for the corresponding industry classifications as per Schedule A.

Schedule A

2. Provisional Premium Rates for the year 2005 shall be:

Class Code	Rate
A11	4.37
A21	5.12
A31	1.58
B11	3.68
B12	6.15

B13	7.33
C12	0.64
C32	1.19
C33	2.56
C41	1.27
C51	2.06
C61	1.40
C62	2.62
D11	1.00
D12	2.57
D21	1.28
D32	1.30
D41	3.01
D51	5.76
D52	5.54

D61	3.43
D62	5.54
D63	4.96
F11	17.90
F12	5.54
F13	5.99
F22	3.82
F31	1.47
G11	0.56
G12	1.14
G22	2.46
G31	1.70
G51	1.35
M31	0.91
M33	0.97

M41	5.13
M42	1.97
M62	2.89
M72	7.87
M81	2.27
M91	3.01
M92	3.20
M94	5.14
R11	4.37
S11	0.18
S12	0.36
S14	6.00 per delegate
S21	1.34
S22	1.26
S23	2.19

S32	1.53
S33	2.04
S41	0.35
T42	4.73
T51	2.16
T61	1.56
U11	0.37
U31	1.02

3. Mining Industry Classification Review:

   A review of the D11, D12, D21, D61, D62, D63 industry classifications will be undertaken in 2005. Should a premium rate or classification change be necessary upon completion of the review, these changes will be retroactive to January 1, 2005.

Act Sec #	121, 135, General Regulations 007
Effective Date	01 January 2005
Amended	
Application	All Employers Listed
Doc #	2.1.3.2
Supersedes	POL 15/2003
Complements	

2.1.3.3 **Actuarial Rate Making Model (POL 08/97)**

Document Date 10 December 1997

Purpose To Establish Actuarial-based Method for calculating annual Employer Premium Rates

---

BACKGROUND

1. The old rate making model is based on expected cash outlay in the subsequent year, relying on level of industry code balances to influence the premium rate. It isn't considered appropriate at this time.

2. The process of developing a new rate making model began in 1995. The board gained understanding of this model in the summer of 1996, and showed it to employers in the autumn of 1996.

3. The Watson Wyatt Rate Making Model uses industry historical costs, payroll and time loss frequency trends to project all costs tied to next year's time loss claims. It then calculates the revenue required to fund those claims 50 years into the future.

4. The model is based on actuarial principles, and is validated by the actuary.

POLICY

The Board approves the use of a new actuarial based rate making model with the following components:

The Watson Wyatt Model is to be used in determining industry base premium rates, commencing January 1, 1998.

1. Net premium rate increases and decreases for 1998 premium rates are limited to 25% in order to prevent rate shock and provide for smooth transition to Watson Wyatt Rate Making Model. (This 25% limit is exclusive of rate code reclassification/amalgamation).

2. Net premium rate includes debt, surplus and funding requirements (if applicable). Debt and surplus are to be amortized over 5 years. Amortization of debt began January 1, 1997, using actual industry fund balances as at December 31, 1996. Surplus amortization is to begin January 1, 1998 using actual industry fund balances as at December 31, 1996.

3. In industries where the 25% premium rate limit restricts appropriate annual amortized contribution (debt or surplus), the last year of the respective debt or surplus amortization period will be a reconciliation year, ensuring that employers in these affected industries contribute fully to debt amortization &/or get the full benefit of surplus amortization.

4. Payroll levels will be tracked by industry through to the last year of the amortization period (debt or surplus) to ensure that there is no under contribution or over contribution. The final reconciliation year will also incorporate this payroll reconciliation.

Act Sec #	118, 123 and 135
Effective Date	1 January 1998
Amended	
Application	All premium rates levied on employers
Doc #	2.1.3.3
Supersedes	N/A
Complements	POL 11/2004 Doc # 2.1.3.2

2.1.3.4 Classification, Agricultural Equipment Manufacturing (POL 11/1999)

Document Date 12 October 1999

Purpose Qualifying Definition for M91-01 Industrial Classification – Agricultural Equipment Manufacturing

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BACKGROUND

The Board recognizes that in recent years, farming operations have changed in Saskatchewan, with fewer farms, but on average, larger and more complex farming operations. Many farms now have commercial applications that complement their farming operations (e.g., custom combining, custom seeding, custom fertilizer application, custom grain hauling). It has become apparent that there is a need to revise the definition of the industrial classification relating to manufacture of agricultural equipment to keep abreast with the changes in that industry, which have occurred in parallel with the changes in farming operations.

Subsection 22(1) of the *Workers' Compensation Act, 1979* confers exclusive jurisdiction on the Board to determine all matters and questions arising under the Act, and specifically under 22(1)(h) "whether any industry...is within the scope of this Act and the class to which it is assigned...."

DEFINITION

M91-01 Agricultural Equipment Manufacture:

Agricultural equipment means any machine, implement or apparatus manufactured essentially for farming operations, which may include commercial applications as long as those applications are essential to the agricultural industry **and are used on the farm to assist with farm inputs/outputs**. The product must have its primary application in the agricultural industry. For example, bulk grain trailers would not be manufactured if it were not for the agricultural industry, therefore, its primary application is essential to farming. This would include tractors, cultivators, stock/grain/legume and produce trailers and **produce** storage tanks/buildings, animal handling systems and apparatus, etc. It does not include items whose erection or installation is normally associated with the construction industry **or items such as gas/fertilizer/anhydrous bulkers whose application is normally associated with the transportation industry**.

POLICY

1. The above definition of the M91-01 Industrial Classification is hereby approved.
2. Employers who meet the qualifying definition will be allowed entry into the M91-01 rate classification.

Act Sec #	121, 124, 138, 158
Effective Date	01 January 1999
Amended	
Application	Employers who are directly involved in the manufacture of agricultural equipment.
Doc #	2.1.3.4
Supersedes	Previous definition for entry into M91-01 rate classification
Complements	

2.1.3.5 Reclassification of Forest Management License Agreement- FMLA Holders (POL 02/2000)

Document Date 31 March 2000

Purpose Provide FMLA Holders with a Rate Code better suited to the primary business.

BACKGROUND

The Board notes that it is the responsibility of the Forest Management License Agreement (FMLA) holders to manage their respective forestry areas in Saskatchewan, which includes the environmental aspects of the commercial forest such as planning and forecasting the effects of harvesting, road building and various Silva cultural functions. FMLA holders and their workers are not directly involved in harvesting, hauling, billing or processing of Saskatchewan timber. FMLA holders are devoted to forest management planning through stand alone business functions. Historically, wages for the workers of FMLA holders have been allocated among the various forestry operations that they were indirectly involved in; F12 - logging, F13 - hauling, F22 - saw mills and F31 - Pulp and paper. It has become apparent that there is a need to provide FMLA holders with an industry rate classification that is better aligned with the primary business function and hazard/risk.

Sub section 22(1), of *The Workers' Compensation Act, 1979*, confers exclusive jurisdiction on the Board to determine all matters and questions arising under the Act, specifically under 22(1)(h), *"The Board shall have exclusive jurisdiction to examine, hear and determine all matters and questions arising under this Act and any other matter in respect of which a power, authority or discretion is conferred upon the Board and, without limiting the generality of the foregoing, the Board shall have exclusive jurisdiction to determine: whether any industry or any part, branch or department of any industry is within the scope of this Act and the class to which it is assigned;"*

POLICY

1. Forest area management is an industrial undertaking to its own. FMLA holders are directly involved in the management of their forest areas through allocation of harvest, hauling and processing facilities with the employers in that particular line of expertise. FMLA holders have segregated their employees into a separate company or separate division of their company, operating often out of premises separate and apart from their forestry operations.

2. Effective January 1, 2000, an additional industrial undertaking of *Forest area management*, will be added to the current industry classification schedule under the S41 industry rate code in line with similar industrial undertakings presently in that industry code. Hazard/risk seen in forest area management will be more closely aligned with the premium. The rate code S41 will be added to the current FMLA holder's WCB assessment accounts with the appropriate payroll allocated to that rate code.

Act Sec #	12, 121
Effective Date	01 January 2000
Amended	
Application	Forest Management License Agreement Holders
Doc #	2.1.3.5
Supersedes	
Complements	

2.1.4 Assessment - Minimum Employer Personal Coverage (POL 19/2001)

Document Date	11 December 2001
Purpose	To Establish the 2002 Minimum Employer Personal Coverage

---

BACKGROUND

1. Section 12(3) of the *Workers' Compensation General Regulations, 1985*, empowers the Board to grant an employer personal coverage "on any terms and conditions and for any period that the Board may describe.
2. Section 22 of the *Workers' Compensation Act, 1979* permits the Board to establish a minimum earnings base for which to determine an assessment for employer personal coverage.

POLICY

1. The Board directs that minimum employer's coverage will be based on assessable earnings for a forty (40) hour work week at the provincial minimum wage.
2. For ease of calculation, minimum annual coverage is to be rounded to the nearest dollar.
3. If within the year for which personal minimum coverage has been granted and the provincial minimum wage changes, it will not take effect until January 1st of the subsequent year.
4. At the time of application for employer personal coverage the employer must demonstrate actual earnings if the request exceeds the minimum employer personal coverage amount.

Act Sec #	General Regulations 12(3)
Effective Date	01 January 2002
Amended	
Application	All employers with personal claims
Doc #	2.1.4
Supersedes	POL 12/1999
Complements	

2.1.5 Wage Base, Maximum Assessable (POL 08/2003)

Document Date 20 November 2003

Purpose To establish the maximum assessable wage rate.

BACKGROUND

Section 137(2) of the *Saskatchewan Workers' Compensation Act, 1979* (the "Act") states, "the Board shall in every year set a maximum assessable wage base."

POLICY

1. Pursuant to Section 137(2), the Board directs that the maximum assessable wage rate for:
   a. 2004 shall be **$53, 000**.
   b. 2005 shall be **$55,000**.

Act Sec #	137(2), 038.1
Effective Date	01 January 2004
Amended	
Application	All Employers
Doc #	2.1.5
Supersedes	POL 13/2002
Complements	N/A

2.1.6 Clearance, Letters of (POL 25/95)

Document Date	16 October 1995
Purpose	To Specify Guidelines for Principal Liability When Clearance Not Obtained

BACKGROUND

1. Upon failure of a principal to obtain a clearance from the Board prior to making payment for the whole or any part of any work let or sublet to a contractor or subcontractor, Section 133 of the Act empowers the Board to hold the principal personally liable for the sum owing to the Board with respect to that work.

2. Prior to 1980, Board practice was to hold the principal liable for up to 5% of the gross contract price.

POLICY

1. Where an advance is made on a contract without first obtaining a clearance, a principal may be held liable for any sum owing with respect to the work represented by the advance.

2. Where final payment is made on a contract without first obtaining clearance, a principal may be held liable for any sums owing with respect to the total contract value less any amounts, which may have been paid to the Board with respect to that work.

Act Sec #	22, 133
Effective Date	01 January 1996
Amended	
Application	All related claims
Doc #	2.1.6
Supersedes	POL 42/86
Complements	N/A

2.1.7 New Accounts, Opening of and Carry-forward of Cost Histories after Reorganization in Business (POL 01/98) (Amended by ADM 03/2000)

Document Date 22 January 1998

Purpose To Establish Guidelines for opening a new account and when to carry- forward cost histories after there is a re-organization in a business.

BACKGROUND

1. Section 138 of the Act permits the board to set the assessments of employers at different amounts in relation to the hazard of each employer or its activities.

2. Section 139 of the Act permits the board to adopt a system of merit rating.

3. In addition to relevant provisions in the Workers' Compensation Act, 1979, Board policy regarding opening of new accounts and carrying forward of cost histories has been developed in light of the general legal framework relating to business organizations.
   When ownership of an employing firm or business changes through a restructuring or sale and purchase of the business so that workers in the business have a new employer, the new employer is not generally responsible for the liabilities or obligations of the former employer, except by agreement. The nature of the agreement between the former and new employers must be considered when deciding whether or not the new employer should be permitted to open a new Workers' Compensation Board account.

4. When after a business reorganization the business is continued substantially the same, it is reasonable to expect the business to have a similar risk of injuries to workers as before the reorganization.

DEFINITION

After a reorganization, a business will be considered to have "continued substantially the same", if it involves predominately the same undertaking, executive officers (eg. President, Secretary, Treasurer, Directors), and management, with consideration also given to whether or not there is substantial continuity in the workers, plant and equipment.

A "related" person is anyone with whom a person does not deal at arms length.

POLICY

Whether to Open a New Account:

1. Certain business changes do not amount to a change in the identity of the employer, and therefore will not involve opening a new account. These include:
    a. a change in the name of the employer;
    b. a change in the shareholding of a corporate employer
    c. an amalgamation of a corporate employer;
    d. a continuation of a partnership with additional or fewer partners.
2. A new account will be opened where the new entity is not legally responsible for nor entitled to the liabilities and assets of the former account holder; and
    a. Subject to 2(b), examples of when to open a new account are when a business reorganizes:
        i. from a proprietorship to a partnership or corporation;
        ii. from a partnership to a proprietorship or corporation;
        iii. from a corporation to a proprietorship or partnership; or
        iv. from one proprietorship, partnership or corporation to another;
    b. However, the existing account will be maintained (and renamed as necessary) if the new entity is entitled to and liable for the workers' compensation account of the former entity. This may occur through:
        i. a general assignment of assets and liabilities from the former entity to the new entity; or
        ii. a specific agreement relating to the workers' compensation account.

Whether a Cost History will be carried forward after a reorganization:

3. The cost history of a former account will be applied to the new account where the business to which the account relates is continued substantially the same.
    a. When the cost history is carried forward, it will be used to calculate the new account's premiums, as well as any merits or surcharge.
    b. Examples of situations where a business will generally be considered to be substantially the same are the following:
        i. Where a corporation is established to carry on a business formerly carried on by a sole proprietor and the corporation is in fact controlled by the former proprietor either alone or together with related persons;

   ii. Where a corporation is established to carry on a business formerly carried on by a partnership and the corporation is in fact controlled by one or more of the former partners either alone or together with related persons;
   iii. Where a person carries on as proprietor a business formerly carried on by a corporation that was in fact controlled by the person alone or together with related persons;
   iv. Where a partnership carries on a business formerly carried on by a corporation that was in fact controlled by one or more of the partners alone or together with related persons;
   v. Where a proprietor carries on a business formerly carried on by a partnership in which the proprietor was a partner;
   vi. Where a partnership carries on a business formerly carried on by one of the partners as a sole proprietorship.

c. Examples of situations where a business will generally not be considered to be substantially continued are the following:
   i. Where a proprietor, partnership or corporation sells a business as a going concern to persons who are not related;
   ii. Where there is a sale of shares by controlling shareholder or shareholders of a corporation sufficient to result in a change in the control and management of the corporation to persons who are not related to the selling shareholder or shareholders.

Act Sec #	138 and 139
Effective Date	01 February 1998
Amended	ADM 03/2000 - 10 January 2000
Application	To all employer accounts
Doc #	2.1.7
Supersedes	N/A
Complements	N/A

2.1.8 Minimum Annual Assessment (POL 05/2001)

Document Date 12 March 2001

Purpose To Establish Guidelines For A Minimum Annual Assessment.

DEFINITION

For the purpose of this policy, a submission account is defined as one in which a principal submits premiums on behalf of a subcontractor in the employ of the principal.

BACKGROUND

General Regulations 7 of *The Workers' Compensation Act General Regulations, 1985* states that unless otherwise specified by the Board, the minimum annual assessment for an employer is $25.

POLICY

1. A $50 minimum annual assessment is to be applied to all employer accounts to cover the administration costs of providing insurance.
2. The exception to Point 1 is the forestry industry where submission accounts are more common and more costly to administer. Therefore, forest activity is to be assessed a minimum annual levy of $100.

Act Sec #	*General Regulations* 7
Effective Date	01 April 2001
Amended	
Application	All registered employers covered under the Act
Doc #	2.1.8
Supersedes	N/A
Complements	POL 11/2004 Doc # 2.1.3.2

2.1.9 Interest on Employer Accounts Refunds (POL 07/2001)

Document Date 04 September 2001

Purpose To Establish Guidelines on Providing Interest on Employer Account Refunds

---

DEFINITION

Situations that may result in a "credit balance" on an employer's account include, but are not limited to:

1. A request from an employer to review the account in regards to classification issues, wage reporting or personal coverage issues.
2. The sale or closure of the business.
3. The application of a refund.

BACKGROUND

1. As per Section 152, of *The Workers' Compensation Act, 1979* (the "Act"), Regulation 8 of *The Workers' Compensation General Regulations, 1985* (the "Regulations"), an employer operating in a mandatory industry and making payment of assessments to the Board after a thirty day period of time from initial billing, is assessed a late payment penalty. In effect, the employer is charged interest on the amount owing.
2. In order to be accountable and provide fair and timely service to the employers of Saskatchewan, interest should be provided to employers where applicable, as outlined in this policy.

POLICY

1. Situations resulting in an employer having to wait longer than thirty days for a requested refund on his/her account with the WCB will result in interest being paid in addition to the applicable refund in accordance with the following:
   a. Interest is payable only on refunds initiated by a written request from an employer or their representative.
   b. Interest will be issued only when the delaying factor in providing the employer with a refund can be solely attributed to internal administrative delays.

c. Interest will bear a rate equal to the Board's financial institution's prime rate at the date payment is issued.

d. Interest will be payable from the 31st day after the request for refund or review is received within the Board's office (either Saskatoon or Regina), up to and including the date that the refund is made. Interest payments will be made only on refund amounts exceeding $5.00.

Act Sec #	117	
Effective Date	01 October 2001	
Amended		
Application	All requests for refund and/or file review which may result in a refund or credit to Saskatchewan employers.	
Doc #	2.1.9	
Supersedes	N/A	
Complements	POL 02/92	Doc # 9.3
	PRO 57/2004	Doc # 2.1.2

2.1.10 Assessable Labour Portion of Contracts (POL 07/2004)

Document Date 12 October 2004

Purpose To provide guidelines for determining and assessing the labour portion of contracts.

DEFINITION

Principal means the employer in a mandatory industry in Saskatchewan who contracts for work with a contractor/subcontractor.

Contractor/Subcontractor means the person or business performing the work, or the person or business receiving the contract.

Contract means any work within the scope of the Act undertaken by a contractor or subcontractor for a principal.

BACKGROUND

1. Under Section 124 of The Workers' Compensation Act, 1979 (the "Act") and Regulation of The Workers' Compensation General Regulations, 1985 (the "General Regulations"), every employer in a mandatory or covered industry shall, register with the Workers' Compensation Board (the WCB) by submitting a statement of payroll when starting operations and annually thereafter.
2. When a principal hires a contractor or subcontractor, the principal pays the contractor/subcontractor a negotiated contract amount for the work performed, which generally includes the contractor's wages and overhead (equipment, materials, tools, etc.). Since compensation benefits are payable only on the actual wages, only the labour portion of the contract is considered as assessable earnings.
3. Where a principal or primary contractor hires a non-registered contractor or subcontractor, the Act states that the contractor or subcontractor is deemed to be a worker of the principal unless the contractor or subcontractor hired is assessed as an employer in his or her own right and is therefore individually liable for payment of WCB premiums.
4. Where the WCB considers contractors or subcontractors to be workers, the principal must report the total labour portion of the contract on their employer payroll statement. Where this does not occur, the WCB uses a schedule developed in consultation with industry representatives for determining the assessable labour

portion of a contract. The labour percentage applied is based on the contractor or subcontractors trade or industry as outlined in the schedule.

5. Finally, the Act forbids an employer from deducting from the wages of a worker any sum that the employer is liable to pay to the WCB as premiums, except in cases where the contractor or subcontractor owns and operates equipment or hires another person to operate that equipment as stipulated in Section 9 of the Act.

POLICY

1. A Saskatchewan principal who contracts for services with a contractor/subcontractor must report the total labour amount of the contract on their annual employer's payroll statement.
2. Where the actual labour portion of the contract has not been provided the labour amount of the total contract will be based on the applicable industry percentage as set out in the Assessment Schedule for Contract Labour attached to PRO 07/2004. If the industry is not listed in the Assessment Schedule, the labour percentage shall be calculated on the basis of the most similar industry in the Schedule.

Act Sec #	9, 124, 132 and General Regulation # 4
Effective Date	01 November 2004
Amended	
Application	All principals and subcontractors
Doc #	2.1.10
Supersedes	
Complements	PRO 07/2004 Doc#2.1.3

2.2 Cost Relief

2.2.1.3 **Experience Rating Program (POL 03/2004) (Amended by ADM 06/2004)**

Document Date 14 June 2004

Purpose To provide guidelines for experience rate setting that will establish qualification for a discount or surcharge to employer accounts.

DEFINITION

Rate Code means a collective liability grouping comprised of businesses with a similar industrial undertaking or injury experience.

Base Premium means the premium required for a specific industry group.

Experience Rate means the net result of the premium rate and the experience driven discount or surcharge.

Application Year means the year in which the experience rate is charged to the employer line of business.

Calculation Year means the year in which the calculation of the experience rate occurs. Since this is a prospective program, the calculation year is the year preceding the application year.

Evaluation Window means the years of data used in order to determine an employer's experience rate. This is the three complete years immediately preceding the calculation year.

Participation Factor means the degree to which an employer participates in experience rating based on their total base premium. Employer discounts and surcharges are limited by their participation factor.

Eligibility Factor means the weighting applied for each consecutive year in which premiums were paid.

Total Costs means the costs paid on all claims in the last one, two or three consecutive years regardless of the date the claim was initiated.

Weighted Loss Ratio means the ratio of weighted costs to weighted premiums.

BACKGROUND

1. The purpose of The Workers' Compensation Board (the "WCB") is to provide no fault insurance that protects workers and employers from the result of workplace injuries.

2. In a larger context, the WCB has a role in preventing injuries before they occur, thereby reducing the associated costs and human suffering related to injuries. The Prevention, Safety and Return to Work Unit provides on-site educational seminars and the WCB supports employer Safety Associations that initiate programs to prevent or reduce workplace injuries within their industry classification, and to accommodate injured workers in returning to employment.

3. In 1980, the Merit Program was introduced to recognize employers with a positive injury experience in relation to the industry standard. The Surcharge Program was introduced in 1988 to motivate the small number of employers in each industry responsible for upward pressure in the premium rates. The two programs were combined in 1992, to form a single initiative to encourage all employers to provide a safe work environment for their employees.

4. In January 2003, the WCB began a comprehensive review of the Merit Surcharge Program in order to ensure that it:
   a. Fairly and equitably represents employers' individual claims experience.
   b. Provides adequate incentive for employers to implement workplace injury prevention programs.
   c. Advances closer relationships between employers and workers in establishing workplace safety initiatives.

   The review involved detailed research into best practices in terms of experience rating programs across the country as well as thorough consultation with various stakeholder groups.

5. The review led to the distribution of a discussion paper in August 2003 that highlighted 12 principles for consideration in a potentially revised experience rating program. The discussion was circulated to 98 stakeholders from employer associations, individual employers and labour groups. Twenty-one replies were received with varying degrees of support for each of the principles.

6. During its deliberations, board members requested further consultation with stakeholders through a focused stakeholder committee composed of equal representation from workers and employers in the province as well as an independent chair. The committee delivered recommendations concerning each of the twelve principles of the discussion paper by March 31, 2004.

The main principles identified and accepted for inclusion based on the entire review of the experience rating program were:

a. Program Integration – The experience rating program should be run at the same time as the annual rate setting process to provide integrated and comprehensive communication to employers regarding their total due premiums.

b. Accounting for Employer Size – Approximately 23,000 employers pay less than $15,000 premiums over a three-year window. On average, these employers have one time loss claim every 10.5 years. Therefore, basing their experience solely on total costs could be unfairly punitive and unnecessarily complicated. A frequency-based approach for these employers is more appropriate, while a cost based approach is more relevant for employers with sufficient cost experience.

c. Widened Range – The existing Merit Surcharge Program had a maximum merit of 25% and a maximum surcharge of 40%. These do not provide sufficient incentive for employers to implement safety programs.

d. Participation Factor – This principle assumes that employers that pay more in premiums have a larger impact on setting their industry's base premium rates; therefore they should be held to a higher level of accountability.

e. Weighted Cost Experience – In order to make a revised program more responsive, cost and premium experience will be weighted according to most recent years. This will allow for a quicker reaction in the program to improved prevention/safety strategies.

f. Eligibility Criteria – Under the Merit Surcharge program employers are not eligible for merit until they have had three consecutive active years. This eligibility allows for the awarding of discounts to firms with fewer than three active years.

g. Protection Against Extraordinary Circumstance - A claim's cost in a given year will be limited to an amount equal to the maximum assessable wage in order to protect employers from the affects of a single claim.

h. Fatalities – No employer with a fatality in the current or previous year will be eligible for a discount.

7. Experience rating is sensitive to size differences between employers and their ability to influence, either positively or negatively, their own and their industry group experience. As a result, it is the intent of the WCB to move to a model over the next three years, that graduates participation in the program based on an employer's ability to influence. Employers will participate at different levels depending on the size of their premium base and their award or surcharge will be reflective of their overall impact on the costs of the system. Non-participating employers will be assessed at the basic group industry rate.

POLICY

1. The Experience Rating Program is based on analysis of an employer's claim history over a three-year evaluation window. The analysis includes total costs, premiums, payroll and time loss claim count as they appear at the time the program is run.

2. The experience rate is calculated at the time of the annual rate setting process in the 4th quarter of every year and applied to the employer's base industry premium rate for the following year. Only an employer paying premiums in the application year will be eligible for a discount or a surcharge. The amount of that discount or surcharge is relative to the amount of premiums paid in the application year. Surcharges are due at the same time as premiums.

3. Each employer's line of business, designated by the assignment of a separate industry sub code, will be independently evaluated.

4. The total cost per claim (for experience rating purposes) in a given year will be limited to an amount equal to the maximum assessable wage as per POL 14/2003 - Compensation Rate, Maximum, 2004 – Section 38, as amended from time to time.

5. Employers are not eligible for a discount if they have failed to comply with Section 124 of the Act and have been arbitrarily assessed in the calculation year.

6. Employers are not eligible for a discount if they have had a fatality within either the calculation year or the year previous.

7. Employers are not eligible for a discount if they, or any of their employees, have been convicted of a criminal offence under Bill C-45 within either the calculation year or the year previous.

8. Transition to the new surcharge amounts will be phased in over three years for the advanced program and two years for the standard program. The maximum surcharge amounts for the advanced program will be capped at 50% in 2005, 100% in 2006 and 200% in 2007 and subsequent years. The maximum surcharge for the standard program will be capped at 75 % in 2005, 100% in 2006 and 200% in 2007 and subsequent years.

9. In the event that an employer receives a surcharge on any line of business, no discount certificate will be issued on any of that employer's lines of business.

10. Where one employer is responsible for 90% or more of a rate code's payroll, it is deemed representative of the entire industry average and therefore, not eligible for the Experience Rating Program.

11. The Experience Rating Program is divided into two separate components based on the level of impact, measured in base premiums, employers have on the overall insurance system:

    Standard Program

    Advanced Program

Standard Program

12. All lines of business with less than $15,000 base premiums over the evaluation window are included in the Standard Program.

13. To qualify for a discount or surcharge, the employer must have paid a minimum premium, per year over the evaluation window, equal to the minimum annual assessment as per POL 05/2001.

14. The Standard Program is based on Time Loss claims frequency and employer size. The number of accepted time loss claims determines the maximum discount or surcharge within the evaluation period.

15. The maximum discount or surcharge will be as illustrated below. Surcharges will be capped at the amounts indicated for 2005 and 2006 to support a graduated transition to the new surcharge maximum of 200%.

# of TL Claims	**2005**	**2006**	**2007**
0	25% Discount	30% Discount	30% Discount
1 to 2	No Discount, No Surcharge	No Discount, No Surcharge	No Discount, No Surcharge
3 to 5	25% Surcharge	25% Surcharge	25% Surcharge
6 to 8	50% Surcharge	50% Surcharge	50% Surcharge
9 to 11	50% Surcharge	100% Surcharge	100% Surcharge
12 or more	50% Surcharge	100% Surcharge	200% Surcharge

16. A participation factor will be introduced in 2006 adapted to the size of each firm's annual assessment:

- The participation factor for 2006 will start at of 25% and increase by 1% per $1500 in premiums.
- In 2007, the participation factor will start at 0%and increase by 1% per $1000 in premium.

The maximum discount or surcharge will be multiplied by the participation factor to determine the total discount or surcharge applicable.

Advanced Program

17. All lines of business with $15,000 or more in base premiums over the evaluation window are included in the Advanced Program.

18. The Advanced Program includes the following additional elements in the determination of the discount or surcharge applied to the employer's industry rate. The discount or surcharge is the product of these three elements:

    a. Eligibility Factor

    The eligibility factor is based on the number of consecutive years an employer has paid premiums in excess of the minimum annual assessable premium as per POL 05/2001.

Year of Experience	Eligibility Factor
1	33%
2	67%
3	100%

    b. Participation Factor

    The participation factor for the advanced program will be as follows:

Participation Factor	2005	2006	2007 and Subsequent Years
Base Participation	37.5%	35%	15%
Increments	1% per $1500 premium	1% per $1500 premium	1% per $1000 premium

Maximum Participation (premium $)	$108,750	$112,500	$100,000

c. Weighted Loss Ratio

The Advanced Program is based on a comparison of an individual employer's weighted loss ratio and the industry's weighted loss ratio. The weighted loss ratio applies more weight to the current year as follows:

Evaluation Year	**Weight**
3rd – Most recent	50%
2nd	33%
1st	17%

For every 3.33% better than the industry, the employer receives up to 1% of potential discount. For every 1.5% worse than the industry, the employer receives up to 1% of surcharge. If the employer's loss ratio is equal to the industry, no discount or surcharge is applicable.

d. The maximum discount is 30%. The maximum surcharge is capped at 200%.

Statistical Information

19. Statistical information and surcharged employers' files will be provided to Case Management, Prevention, Safety & Return to Work (PSRTW), the Occupational Health and Safety Division (OH&S) and to various industrial Safety Associations to facilitate the development of workplace safety programs. As prescribed by WCB Policy POL12/2003 – Access/Collection and Release of Information, all third parties that receive WCB information are required by agreement to ensure that the information is to be used; only by the parties to the agreement, only for the purposes intended and to afford the information adequate security and confidentiality.

Appeals

20. An appeal of an experience rate must be made in writing and forwarded to Revenue and Employer Accounts for consideration. Appeals should be forwarded within 30 days of notification of an employer's experience rate.

Act Sec #	139,123(1), 123(2)	
Effective Date	01 January 2005	
Amended	10 November 2004 – ADM06/2004	
Application	All employers	
Doc #	2.2.1.3	
Supersedes	POL 13/96 POL 07/95 Procedure PRO 13/96 Procedure PRO 8/96	
Complements	PRO 03/2004	Doc # 2.2.1.3
	PRO 14/77	Doc # 2.1.1

2.2.2 Disaster and Occupational Disease Reserve (POL 10/1999)

Document Date 25 August 1999

Purpose To Establish Guidelines for Providing Relief to Employers When Claim Costs Exceed Specified Levels

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BACKGROUND

1. Section 144 of the Workers' Compensation Act, 1979 provides for the creation of a special fund to meet losses arising from "any disaster or other circumstance...which would, in the opinion of the board, unfairly burden the employers in any class."
2. The Disaster Reserve Fund has been set up to provide relief to employers when claim costs exceed certain specified levels.
3. The Board's Funding Policy (POL 04/98):
   a. renames this Fund as the Disaster and Occupational Disease Reserve, and
   b. expands the Reserve's purpose to also cover costs that may arise from latent occupational diseases where exposure today may result in the establishment of a future claim.
4. Even when the costs of a claim for injury or occupational disease become disastrous, it is reasonable for an employer that continues to report to the Board to bear some of the costs of claims that have arisen solely out of and in the course of employment with that employer.
5. The Act defines in Section 2, subsections (k)(ii.1) and (r.2) the conditions under which a disease is considered to be occupational and to have caused an injury that has arisen out of and in the course of employment.
6. The policy on "Injuries - Occupational Disease" provides guidelines for the adjudication of occupational disease claims.

DEFINITION

"Latent" Occupational Disease

1. Any disease or disorder that meets the Act definition of occupational disease where the worker's exposure to the causative agent(s) results in disease that does not

manifest itself until several years after the exposure, and the causal links to the workplace were known at the time the exposure occurred, or

2. Any disease or disorder where causal links to the workplace were not known at the time the exposure occurred, but are established on the basis of scientific evidence in the future.

POLICY

Charges to the Reserve

1. Subject to point 4, below, a portion of a claim's costs will be charged to the Disaster and Occupational Disease Reserve as follows:
   a. For any one injury claim (including injury resulting from an occupational disease, whether "latent" or not), costs exceeding ten (10) times the maximum wage rate in effect at the date of injury will be charged to the Reserve; or
   b. For any one incident resulting in injury to two or more workers of the same employer, including incidents of one time exposure to the same causative agent(s) resulting in occupational disease (whether "latent" or not) in two or more workers of the same employer, aggregate costs on those claims that exceed twenty (20) times the maximum wage rate in effect at the date of injury will be charged to the Reserve.
2. Subject to point 4, below, the Disaster and Occupational Disease Reserve will be charged with **all** the costs of claims for definition 1 latent occupational diseases, in **any** of the following circumstances:
   a. Where the disease is attributed to exposure in employment
      i. with an employer who no longer reports to the Board, or
      ii. with two or more employers, where only one of the employers is currently reporting to the Board, or
      iii. in an industry covered under the Act, but it cannot be confirmed with which employer; or
      iv. Where the disease is partially attributed to exposure in employment covered by the Act, and all the employers where the exposure occurred are currently reporting to the Board, and the work exposure was combined with
      v. exposure in employment not covered by the Act, and/or
      vi. exposure in employment covered by other jurisdictions, and/or
      vii. non-occupational exposure.
3. Subject to point 4, below, the Disaster and Occupational Disease Reserve will be charged with **all** the costs of claims for **definition 2** latent occupational diseases.

Stipulations

4. Determination of the costs to be charged to the Disaster and Occupational Disease Reserve is to be based on the net costs of a claim, after all other recoveries or relief have been considered, eg. Third party recoveries, Second Injury and Re-employment Reserve, Interjurisdictional Agreement, etc.

5. The provisions of point 1 will not prevent a particular industry or rate group from applying to the Board for relief, where the financial impact on the industry or group may be such as to constitute a disaster, even though the costs are less than the amounts identified in 1.a. or b.

Act Sec #	2, 22, 144	
Effective Date	01 February 1999	
Amended		
Application	All new injury claims	
Doc #	2.2.2	
Supersedes	POL 74/80	
	PRO 38/95	
Complements	POL 25/78	Doc # 3.1.2
	POL 14/1999	Doc # 2.2.4
	POL 01/2005	Doc # 6.4
	PRO 14/1999	Doc # 2.2.2

2.2.3 Administrative Error, Cost Relief (POL 14/94)

Document Date 13 June 1994

Purpose To Provide for Relief of Additional Costs Due to Administrative Error

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BACKGROUND

Inadvertent administrative error may sometimes lead to an employer being overcharged. In such cases, the employer should be granted relief from significant additional costs.

POLICY

1. Significant additional costs will be charged to the industry rate code in which the employer is assessed.
2. Cost relief will be considered upon application of the employer involved or where the error is obvious.
3. Routine examinations for cost relief will not be conducted.
4. Such relief may only be ordered by Members of the Board, the Appeals Committee, or the Directors of Case Management.

Act Sec #	122
Effective Date	13 June 1993
Amended	
Application	All Employer Accounts
Doc #	2.2.3
Supersedes	N/A
Complements	N/A

2.2.4 Second Injury and Re-Employment Reserve (POL 14/1999) (Amended by ADM 02/2001)

Document Date 29 November 1999

Purpose To Establish Guidelines for the Second Injury and Re-employment Reserve

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BACKGROUND

1. Section 144 of *The Workers' Compensation Act, 1979* provides for the setting aside of a special fund to meet losses "arising from any disaster or other circumstance...which would, in the opinion of the board, unfairly burden the employers in any class."
2. The Second Injury Fund was established to provide employers with cost relief on claims which were attributed to an earlier injury and to assist in facilitating return to work.
3. The Funding Policy (POL 04/98) re-names this Fund as the Second Injury and Re-employment Reserve (the Reserve), and establishes the size of the Reserve at 3% of total annual expenditures.

POLICY

Cost Relief

1. Whenever the Reserve is utilized, the cost experience of the injury employer and of the industrial classification to which the claim costs were charged will be granted corresponding relief, and the employer will be so advised.

Second Injuries

2. The Reserve will be charged with all the costs of claims where an injury at work is caused by an underlying condition that is unrelated to the worker's employment; eg. a seizure, fainting, wearing of artificial appliances, etc. No responsibility will be assumed for the workers' underlying condition.
3. The Reserve will be charged with additional claim costs that arise out of the following circumstances:
   a. Where an injury at work is caused by a prior work related condition.

b. Where the period of disability from a work injury is prolonged or the effect of a work injury is enhanced because of a prior condition. No responsibility will be assumed for prior conditions that are not work-related

c. Where the award for permanent functional impairment (PFI) or loss of earning capacity is enhanced because of a prior measurable impairment, such as amputation, loss of joint movement, loss of vision, etc.

d. Where the award for permanent functional impairment (PFI) or loss of earnings is the result of the acceleration of a prior measurable impairment.

Injury Following Re-employment

4. The Reserve will be charged with all the costs of claims arising out of the following circumstances:

   a. Where a worker has a new injury that arises out of and in the course of a return-to-work program with an employer or training facility, and the program was approved and financially sponsored by the Workers' Compensation Board.

   b. Where, following a work injury, a worker has returned to alternate or accommodated employment, and within one year of the return to employment has a new injury involving the same area of injury.

Re-employment

5. The Reserve will be charged with 75% of the cost of additional wage loss benefits paid during a worker's return to the injury employer in a supernumerary position, work assessment, graduated return to work, training on the job, or other program intended to return the worker to employment with the injury employer.

   a. Cost relief will not be given if, upon the successful conclusion of the program, the employer fails to offer the worker continued suitable employment.

   b. Cost relief may not be given, if the employer fails to provide the program they agreed to provide.

Other

6. The Reserve will also be charged with additional claim costs that arise out of the following circumstances:

   a. Under the Suspension of Benefits policy (POL 13/98), extensions of wage loss benefits and any additional costs incurred from the cancellation or early cessation of a rehabilitation (medical or return to work) program, where the client has withdrawn from the program with good reason.

b. Accidental injury to a worker while traveling to or from treatment or return-to-work programming, for which travel the Workers' Compensation Board has paid expenses, or while undergoing treatment for which the Board is responsible. Half the costs of occupational respiratory disease claims that qualify for relief, as directed in the Smoking and Respiratory Disease policy (25/78).

c. For interest as directed under the Interest on Benefits Accruing from Successful Appeals policy (02/94).

Act Sec #	144	
Effective Date	01 February 2000 Point 3(d) Effective 01 May 2000	
Amended	ADM 02/2001 - 03 January 2001	
Application	All claims	
Doc #	2.2.4	
Supersedes	POL 22/75 (Amended 09/95) POL 28/81 (Amended 08/95) POL 28/81*(Amended 08/95)	
Complements	POL 25/78	Doc # 3.1.2
	POL 10/1999	Doc # 2.2.2
	POL 01/2005	Doc # 6.4

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3.1 Type of Injury

3.1.2 Smoking and Respiratory Disease (POL 25/78)

Document Date 10 May 1978

Purpose To Establish Guidelines for Relief of Costs Where Respiratory Injury is Due to Combined Effect of Smoking and Work.

BACKGROUND

1. Smoking is dangerous to health and can lead to respiratory disease.
2. The Workers' Compensation Board recognizes a relationship between certain industrial environments and respiratory disease.
3. No means have been found to apportion responsibility between the effects of smoking and the effects of the work environment on respiratory disease where a work relationship is recognized.
4. If and when such appointment becomes possible with a reasonable degree of certainty, and should this be required regarding workers' benefits, it will be necessary to differentiate between smoking which occurred during those years when the practice was not generally questioned, and smoking which occurred after the injured person could have been expected to know and understand the health hazard involved.
5. The Workers' Compensation Board recognized two responsibilities:
    a. The worker must be compensated for injury or disease, which can be attributed to the work situation.
    b. The class of the last employer and of any previous employers of the worker who work contributed to a disease should not be expected to bear the total cost of the disease where there is sufficient evidence to indicate smoking as a partial cause.

POLICY

Where respiratory disease is recognized for the purposes of compensation, and in the best medical judgment of Board Medical Consultants there is a history of cigarette smoking which would lead them to reasonably believe it had a significant impact on the disease, the following rules apply:

1. No reduction of benefits to the worker.

2. 50% of the costs of the claim are to be assigned to the Second Injury Fund.
3. When the combined costs assigned to employers and Second Injury reach the level established for the use of the Disaster Reserve Fund future costs are to be assigned to the Disaster Reserve.

Act Sec #	144	
Effective Date	10 May 1978	
Amended		
Application	All Future Claims	
Doc #	3.1.2	
Supersedes	POL 29/77	
Complements	POL 11/2003	Doc # 3.1.5.4
	PRO 11/2003	Doc # 3.1.4

3.1.4 **Stress Claims (POL 02/92) (Amended by 04/96)**

Document Date 28 January 1992

Purpose To Establish Guidelines for Stress Claims

BACKGROUND

1. The word stress from a physics or engineering point of view refers to applied pressure. When the stress becomes sufficient to distort the body to which it is applied, it is referred to as "strain". Stress, therefore, is not an injury. Strain is an injury resulting from stress.
2. By common usage the word "stress" has been employed when referring to emotional or psychological pressure rather than physical pressure. Emotional or psychological stress becomes an injury when individuals cease to function normally (for them) in their day to day life and work. As is common when there is no unanimity in the analysis of a subject and when the subject is poorly understood, a great many terms have been coined which cause considerable confusion any time the topic of emotional stress is discussed. In this procedure, confusing technical terms will be avoided insofar as possible and the injury due to emotional stress will be referred to using the non specific lay term of "breakdown".

POLICY

Injury from chronic stress will be seen to have arisen out of and in the course of employment if there is clear and convincing evidence that:

1. The work stress was excessive and unusual in comparison to pressures and tensions experienced by the average employee. Normal pressures and tensions include routine industrial relations actions taken by the employer such as discipline, work evaluation, transfers, lay offs, demotions or terminations, reorganizations, etc;
2. The work stress was the predominant cause of the injury.

PROCEDURE

1. Types of Emotional Stress

   In the interest of simplicity, emotional stress will be divided into breakdown resulting from three types of situations:

a. Acute Stress Syndrome

b. Post Traumatic Stress Syndrome

c. Chronic Stress Syndrome

As in the case of physical stress, breakdown occurs because of a weakness. The fewer weak points there are in a structure, the less danger there is of a breakdown. Injury due to emotional stress, therefore, can always be considered to be an aggravation of a pre-existing condition, in this case, a personality variation. Some people are capable of withstanding intense emotional stress without evident breakdown, while others display breakdown after exposure to a stress that the majority would consider to be minor.

2. In workers' compensation, the worker is taken as he is, and the Board must determine whether the breakdown represents a work injury or an injury from some other cause.

a. Acute Stress Syndrome

This is a situation observed after witnessing or being involved in life threatening situations such as a hostage taking or horrendous accidents with human death or injury. Breakdown in these situations is considered to be a work injury.

b. Post Traumatic Stress Syndrome

This represents the emotional impact of physical injury and loss of body integrity. Symptoms are due to an aggravation of a pre-existing personality variation, and, usually merely delay the recovery from the physical injury. These people are usually compensated without the diagnosis being clearly stated or the condition specifically treated. Fortunately, in most cases, recovery of body integrity results in recovery from the post traumatic stress syndrome and the individual can return to a normal life. If, however, the individual remains off work for years because of prolongation of a condition that should have healed more quickly, the feelings of insecurity become fixed and return to a normal life becomes very difficult Chronic Stress Syndrome

c. Chronic Stress

Everyone is subjected to emotional stress. Stress is not in itself harmful. Those persons who break down because of chronic stress do so because of underlying personality trait or traits that make them susceptible to breakdown. When a breakdown occurs and is manifested by inability to function normally in day-to-day life situations including work it cannot be denied that an injury has occurred. The Board is faced with the most difficult task of determining whether this injury is a natural progression of the underlying variation, results of life stresses outside of employment, or represents a work injury.

3. Categories of Circumstances.

a. Improbable that Work Injury Exists

In this category are included those cases where the person is diagnosed as having endogenous depression or chronic anxiety state and has a history of symptoms with or without work loss going back for some time and is employed in an occupation where "burnout" is not known to be a problem.

Analogies can be drawn with physical disease. In the case of rheumatoid arthritis, claims would be submitted and accepted if trauma "injured" an arthritic joint but if joints merely became painful during the course of employment, claims would not be submitted because the patient and his/her doctor would realize that the arthritis was caused by pain, and that no work injury was involved.

In other words, the distinction is made between symptoms and injury. Likewise, a distinction must be made between symptoms and injury when they are stress symptoms.

b. Doubtful that Work Injury Exists

This is the difficult category. Chronic problems will be suspected because the work situation should not cause the injury but in some instances might do so. Probabilities must be assessed by a complete investigation including interview of the worker and worker's family, fellow workers and employer. When this information is available, if there is any remaining doubt, complete psychological and psychiatric assessment may have to be done in order to arrive at an estimate of the probabilities that work injury has occurred.

c. Probable that Work Injury Exists

These are the workers who are involved in stressful occupations in spite of personality variation and eventually "burnout". School teaching and air traffic controlling are suggested as examples.

The main problem is that they may be in the wrong occupations, nevertheless perform well for a number of years, until the aggravation or acceleration of the underlying variation makes it impossible for them to work any longer. Change of occupation may be necessary and Board assistance justified in that the aggravation can be considered to constitute a work injury.

This could be considered to be analogous to a worker with abnormal cartilage who is subject to develop osteoarthritis or degenerative disc disease but performs heavy labour until the disease progresses to the point where he cannot carry on and must be rehabilitated into a semi-sedentary occupation.

4. Adjudication
   a. Following registration the claim is to be referred from the primary adjudication unit to the appropriate CSR in the extended adjudication unit.
   b. The CSR is to have verbal consultation with the appropriate Medical Officer regarding the work-up indicated.
   c. The advisability of involving a psychiatrist in the case is to be left to the discretionof the Medical Officer. Factors to be considered include the nature of the condition and the period of disability.
   d. The necessary field work is to be undertaken by a CSR.
   e. When the claims work-up is completed the claim is to be referred to the Assistant Director of Claims or an alternate designated by the Director of Claims.
   f. Adjudication is to be undertaken by a committee comprised of the Assistant Director of Claims or an alternate designated by the Director of Claims and the involved CSR and Medical Officer.
   g. In addition to rendering a decision on entitlement, the Committee is to provide any required claims management advice.
   h. The CSR member of the Committee is to arrange for payment or advice regarding non-acceptance as the case may be.

5. Data

   The Client Services Department will continue to be responsible for compiling the following information:

   a. claim number
   b. worker's name
   c. worker's age
   d. worker's occupation
   e. identity of employer
   f. claimed source of stress
   g. psychiatric diagnosis
   h. non-work related complicating factors
   i. duration of payment

Act Sec # 22
Effective Date 28 January 1992

Amended	04/96
Application	All future claims
Doc #	3.1.4
Supersedes	POL 26/87
Complements	POL 11/2003 Doc # 3.1.5.4

3.1.4.1 Stress Claims, Federal Government Employees (GECA) (POL 01/2001)

Document Date 05 February 2001

Purpose To Establish Guidelines for Stress Claims for Federal Government Employees (GECA)

BACKGROUND

1. The Saskatchewan Workers' Compensation Board (WCB) has an agreement with the Federal Government to administer claims for federal employees. The provisions of the Government Employees Compensation Act (GECA) requires the Saskatchewan WCB to administer the claims based on the definitions of "accident" and "industrial disease" within GECA, regardless of those definitions provided under *The Workers' Compensation Act, 1979*.

2. Section 2 defines *accident* as "a willful and an intentional act, not being the act of the employee, and a fortuitous (chance) event occasioned by a physical or natural cause".

3. Section 4(2) defines *industrial disease* as "any disease in respect of which compensation is payable under the law of the province where the employee is usually employed respecting compensation for workmen and the dependents of deceased workmen". However, entitlement is contingent on the definition in point 4(ii)...).

4. Under Section 4(1), compensation is payable to an employee who:
   a. is caused personal injury *by an accident* arising out of and in the course of his employment, or;
   b. is disabled by reason of an *industrial disease* due to the nature of the individual's employment.

5. Section 2 of the Government Employees Compensation Regulations broadens the scope of GECA, such that where an employee "is disabled by reason of a disease that is not an industrial disease but is due to the nature of his/her employment, consideration may also be made for the peculiarities or characteristics of the particular process, trade or occupation in which the individual is employed, and compensation shall be determined in the same manner as if the disease were an industrial disease...."

POLICY

1. Stress related claims for federal employees are to be adjudicated under the provisions of GECA.
2. Stress related illness constitutes a personal injury "by accident" only where it is precipitated by one, or a number of, traumatic events arising out of and in the course of employment, as opposed to multiple occurrences over a prolonged period of time. An example would be a bank employee suffering stress related illness as the result of being taken hostage in a bank robbery.
3. Chronic stress is not considered to be an accident but may be considered an "industrial disease", when it is due to the nature of the employment and peculiar to or characteristic of the particular process, trade, or occupation, in which the individual is employed. This applies to situations where:
    a. there is a well established cause and effect relationship between the worker activity/occupation and the chronic stress illness (e.g., Police Officers, Air Traffic Controllers, etc.), and/or;
    b. the particulars of a worker's trade, an individual work place or situation, or the way that individual is required to perform their duties (as opposed to a group and/or class of workers), causes stress over a prolonged period of time. For example, a teacher may cease to perform normally, not because of the usual pressures and tensions experienced by the average employee (e.g., routine industrial relations actions taken by the employer), nor a specific incident, but because of the nature of the duties inherent in the job, itself (e.g., maintaining discipline in the classroom).
4. Each claim must be considered on its own merits.

Act Sec #	2(k), 2(r.2), 22	
Effective Date	01 February 2001	
Amended		
Application	All federal employees covered under GECA	
Doc #	3.1.4.1	
Supersedes	N/A	
Complements	POL 02/92	Doc # 3.1.4
	PRO 11/2003	Doc # 3.1.4

3.1.5.2 Injuries - Cardiac (POL 04/2004)

Document Date 13 July 2004

Purpose To establish guidelines for cardiac claims.

DEFINITION

Unusual physical exertion or strain means that the exertion or strain must be unusual for individuals in the normal performance of duties for their position. For example, a clerical worker that sends most of the time at a desk, is required to move office furniture such as desks and filing cabinets from one place to another for several hours.

Posttraumatic stress means acute anxiety caused by exposure to an overwhelming traumatic event. Examples include a bank teller robbed at gunpoint, a prison guard held hostage by inmates, or witnessing the life threatening injury of a co-worker.

BACKGROUND

Under Section 22 of The Workers' Compensation Act, 1979 (the "Act"), the Workers' Compensation Board (WCB) has the exclusive jurisdiction to examine, hear and determine all matters arising under the Act, including under subsection (a) "whether any condition or death in respect of which compensation is claimed was caused by an injury" and subsection (b) "whether any injury has arisen out of or in the course of an employment."

POLICY

1. Cardiac claims such as myocardial infarctions (heart attacks) will be considered work related where the worker has:
   a. Immediately prior to a cardiac injury, performed unusual physical exertions or strains of a nature that was both unusual and excessive for the particular job and individual concerned.
   b. Immediately prior to cardiac injury, experienced acute posttraumatic stress caused by exposure to an overwhelming event occurring in the course of employment.
   c. Received a cardiac injury as a result of occupational hazards such as electric shock, penetrating or non-penetrating chest injuries or the inhalation of noxious gases (carbon monoxide, carbon disulfide, nitro-glycerine and nitrates).

d. Encountered cardiac complications resulting from treatment for a compensable injury (e.g. administration of anesthesia).

2. Because there may be other factors such as pre-existing conditions that contribute to cardiac disease, each cardiac claim will be considered on its own merit. Review by a WCB Medical Consultant may be required in cases involving complicated medical issues.

Act Sec #	022	
Effective Date	01 August 2004	
Amended		
Application	All cardiac claims received after the effective date	
Doc #	3.1.5.2	
Supersedes	POL 31/72	
Complements	POL 11/2003	Doc # 3.1.5.4
	POL 01/2000	Doc # 6.12
	PRO 11/2003	Doc # 3.1.4
	PRO 04/2004	Doc # 3.1.2

3.1.5.4 **Injuries - Occupational Disease (POL 11/2003)(Amended by ADM 03/2004))**

Document Date 12 November 2003

Purpose To Establish Guidelines for Occupational Disease Injuries

DEFINITION

Arising out of employment means the injury must be related to some hazard, which results from the nature, conditions or obligations of employment. It must be linked to, originate from, or be the result of, in whole or in part, an activity or action undertaken for employment (origin and cause).

In the course of employment means the injury must happen at a time and place, and, in circumstances consistent with and reasonably incidental to employment. It is the direct result of an activity, action, procedure or conduct undertaken related to employment (time, place and circumstance).

BACKGROUND

1. The definition of occupational disease requires two conditions to be met before it is considered an injury under The Workers' Compensation Act, 1979. (the "Act"). Sub-section 2(r.2) defines occupational disease as:

   "a disease or disorder that arises out of, and in the course of, employment

   and that results from causes or conditions that are:

   (i) peculiar to or characteristic of a particular trade, occupation or

   industry; or

   (ii) peculiar to a particular employment;"

2. The definition of injury under Paragraph 2(k)(ii.1) includes as part of the definition "a disabling or potentially disabling condition caused by an occupational disease". It also requires the act, event or disablement to have arisen out of and in the course of employment.

3. Under Section 22 of the Act, The Workers' Compensation Board ("WCB") has the exclusive jurisdiction to examine, hear and determine all matters arising under the Act, including under subsection (a) "whether any condition or death in respect of which compensation is claimed was caused by an injury" and subsection (b) "whether any injury has arisen out of or in the course of an employment."

4. Many trades, occupations, or industries may have environments which cause specific occupational diseases, however, there will often be non-work causes that can also contribute to these types of disease. These non-work causes include such things as; hobbies, medical conditions and exposure in employment not covered by the Act. The WCB therefore must ensure that an occupational disease has arisen out of and in the course of employment before acceptance of a claim.

5. A work related disease or condition normally refers to an injury which results from exposure to a causative agent in a work environment, or one that manifests itself following a latent period after exposure to a causative agent. Though it normally results from numerous exposures, it can relate to one, though this will usually be traumatic, where it is easier to identify the cause.

6. In addition to this general adjudication process, specific occupational diseases confirmed by medical/scientific evidence are published as complementary policies or appendices attached to PRO 11/2003.

POLICY

1. In addition to the following general adjudication guidelines, where the causal link for an occupational disease is confirmed by the medical/scientific community (i.e. asbestos related cancer), WCB publishes the established guides specific to that disease in complementary policy.

General Adjudication Guidelines

2. As a requirement of both the definition of injury and occupational disease, the development of a claim must include gathering the necessary information to determine whether the condition or disease has arisen out of and in the course of employment.

3. When a number of claims are submitted for a disease or condition from the same trade, occupation, industry, or employer, and the employment environment provides exposure to a causative agent, a record of these trades, occupations, industries, and employers will be kept in a database and referenced for future claims of the same disease or condition (the database is published to WCB's website and available upon request).

4. When assessing the cause or origin of the disease or condition and whether it has occurred as the result of exposure or incident in employment, staff will determine if it is one that is peculiar to any trade, occupation, industry or employer.

5. Where the worker's exposure to a causative agent is peculiar to a trade, occupation, industry or employer, staff shall make inquiries to determine if any non-work causes exist and if none are present, the claim shall be accepted.

6. Where there are both work and non work causes, staff will assess the degree of exposure or effect on the disease by both and determine, based on such things as the latency, progression and nature of the disease, degree of exposure and medical support of the cause, whether to accept a claim.

7. In cases where entitlement is determined on or after 01 January 1980 and where injury is not traumatic in nature such as disease, the date of occurrence is to be deemed to be the date the worker initially sought medical care for the injury or the date the worker's injury was initially reported to the Board, whichever occurs first.

8. Employers may be provided cost relief if the circumstances of a claim meet the criteria defined under either the Disaster and Occupational Disease Reserve or the Second Injury and Re-employment Reserve.

Act Sec #	2(k), 2(r.2), 22, 25, 50	
Effective Date	01 December 2003	
Amended	8 August 2004 - ADM 03/2004	
Application	All claims for Occupational Disease	
Doc #	3.1.5.4	
Supersedes	POL 07/1999	
Complements	POL 04/2004	DOC # 3.1.5.2
	POL 25/78	DOC # 3.1.2
	POL 01/2004	DOC # 4.4.3.7
	POL 02/92	DOC # 3.1.4
	POL 04/1999	DOC # 6.11
	POL 09/2003	Doc # 3.1.5.5
	POL 13/2001	Doc # 6.19
	POL 39/80	Doc # 6.3
	PRO 11/2003	Doc # 3.1.4

3.1.5.5 Injuries – Fire Fighters and Cancer Related to Combustion Gases (POL 09/2003)

Document Date October 23, 2003

Purpose To Provide Guidelines for the Adjudication of Cancer Claims for Fire Fighters

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DEFINITION

1. For the purpose of this policy, **fire fighter** means a full-time, active member of an urban fire department regularly exposed to the hazards of a fire scene, other than a forest fire scene, for the minimum periods of employment prescribed in the General Regulations. Volunteer or forest fire fighters are not included in this definition.
2. **Fire department** means a fire department as defined in The Fire Prevention Act, 1992 and belonging to a municipality incorporated under The Urban Municipality Act, 1984.
3. **Primary site cancer** means the originating site of the cancer in the body.

BACKGROUND

1. Some research studies have concluded a valid relationship between exposure to combustion gases and certain primary site cancers. The occupation believed to be at higher risk for developing these cancers is that of professional fire fighter in an urban setting.
2. Introduced by Bill 18, Section 29.1 of The Workers' Compensation Act, 1979 (the "Act"), stipulates that where a full-time member of a fire department regularly exposed to the hazards of a fire scene, other than a forest fire scene, suffers from primary site cancers of the brain, bladder, kidney, non-Hodgkin's lymphoma or leukemia, "that disease is presumed to be an occupational disease, the dominant cause of which is the employment as a fire fighter, unless the contrary is shown." The presumption does not apply to volunteer or forest fire fighters.
3. Section 22.3 of The Workers' Compensation General Regulations, 1985 (the "General Regulations"), provides the minimum periods of employment between exposure and diagnosis of the diseases mentioned in Section 29.1, before a fire fighter may be presumed to have an occupational disease.

POLICY

1. Primary site brain, bladder, or kidney cancers, non-Hodgkin's lymphoma or leukemia will be considered compensable as an occupational disease when the following conditions apply:
    a. There is a history of full-time employment as a fire fighter with regular exposure to combustion gases.
    b. The minimum interval of uninterrupted employment between first exposure and the diagnosis of cancer is 10 years for brain cancer, 15 years for bladder cancer, 20 years for kidney cancer, 20 years for primary non-Hodgkins lymphoma and 5 years for leukemia.
2. Claims that do not meet the conditions in Point 1 will be judged on their own merits with consideration to the nature of the occupation, the extent and intensity of the exposure and other factors peculiar to the individual case (POL 11/2003 – Injuries - Occupational Disease).
3. Medical Services will be consulted on all claims for these cancers to ensure that the most contemporary scientific evidence is being applied, consistent with PRO 11/2003.

Act Sec #	22(3), 025, 029, 29.1, 002(k)(ii.1), 002(r.2) and General Regulation 22.3	
Effective Date	27 May 2003	
Amended		
Application	All claims for cancer related to exposure to the hazards of fire fighting and combustion gases	
Doc #	3.1.5.5	
Supersedes		
Complements	POL 11/2003	Doc # 3.1.5.4
	PRO 11/2003	Doc # 3.1.4
	POL 04/1999	Doc # 6.1

3.2 Circumstance of Injury

3.2.2 Injuries, Responding to Emergency (POL 28/77)

Document Date 12 June 1977

Purpose Establish Guidelines for Claims for Injuries Sustained by Workers Responding to Emergency Situations

POLICY

1. Workers who suffer personal injury while immediately responding to an emergency arising out of employment shall be considered in the course of employment and covered under the legislation.

2. Coverage is these situations is not dependent upon remuneration nor restricted to normal hours of work but shall be in effect from notification and includes by means reasonable for the circumstances, use of the individual's premises and/or travel between lodgings and emergency site, providing there is no deviation.

Act Sec #	2(k)
Effective Date	12 June 1977
Amended	
Application	All workers
Doc #	3.2.2
Supersedes	N/A
Complements	POL 12/98 Doc # 1.2

3.2.3 Injuries, Recreational Activities in Remote Camps (POL 29/82) (Amended by 08/95)

Document Date 14 June 1982

Purpose To Establish Guidelines for Determining Entitlement for Injuries Sustained While Participating in Recreational Activities in Remote Camps

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BACKGROUND

1. By legislation, compensation is payable for injuries "arising out of and in the course of employment".
2. The legislation covers "employment" injuries rather than just "work" injuries, and therefore can encompass other activities related to employment.
3. Not infrequently, recreational injuries occur while employees are off work on their spare time.
4. The employer, in an isolated camp situation, has control over what sort of activities the work force engages in during their off hours.

POLICY

1. Each case will be considered on its own merits having regard for such factors as serious and willful misconduct, or knowingly undertaking a task which is excessively perilous.
2. Recreational injuries, whether employer-sponsored or employee-sponsored, will be considered as injuries arising out of and in the course of employment.
    a. This includes an injury occurring on the employer's isolated property when the worker is engaging in reasonable activity associated with employment or with normal life activities.
3. Injuries not covered as those involving an imported hazard (see Policy 17/91 and Procedure 17/91), and those involving purely personal acts on the part of a worker which do not involve a hazard of the premises and which occur at a time when the worker is not engaged in employment.

Act Sec #	29	
Effective Date	23 April 1982	
Amended	08/95	
Application	All related claims	
Doc #	3.2.3	
Supersedes	POL 15/82	
Complements	POL 17/91	Doc # 3.2.6
	PRO 29/82	Doc # 3.2.1

3.2.4	**Injuries, Travelling for Medical Aid (POL 15/87) (Amended by ADM 03/2000)**
Document Date	08 April 1987
Purpose	To Establish Guidelines for Claims for Injuries Sustained While Attending Medical Treatment for Work Injury

BACKGROUND

The Board notes a parallel between ordinary travel to and from the work site and normal travelling for medical aid on account of injury. A parallel is also seen between injuries that occur on the work site and those that happen on premises where medical aid is being received for work injury.

POLICY

1. Injuries arising in the course of normal travel for medical aid are generally not compensable. Examples:
   a. Going to the office of the attending physician for examination, x-rays, laboratory tests, treatments or advice.
   b. Attending the outpatient department at a hospital, Wascana Rehabilitation Centre, or a private physiotherapist for a course of therapy.
   c. Travel in connection with filling prescriptions, etc.
2. Where a worker is injured in the course of special and exceptional travel, such injury is compensable. Examples:
   a. Emergency Transportation: A worker being taken to a hospital or other place of emergency treatment immediately following compensable injury. This includes travelling on foot, by ambulance, auto, aircraft, etc., and includes any situation where the worker is operating the vehicle being used.
   b. Treatment Related Vehicles: A worker travelling to or from a place of treatment in a vehicle that is specifically provided for that purpose by the institution.
   c. Travelling by Prearranged Appointment for Subsequent Exceptional Medical or Other Treatment. Examples:
      i. Going to a hospital for admittance as an inpatient or returning home following discharge.
      ii. Travelling for examination and/or treatment at secondary or tertiary assessment or treatment centre outside of the home locale.

iii. Travelling to any other place of special treatment that requires the worker to live away from home for the duration of the treatment.
iv. Travelling to another locale for consultation, treatment, etc.
v. Travelling to keep a Board arranged appointment at the offices of the Board.
vi. Special or multiple travel resulting from or subsequent to initial regular travel, such as being referred directly from a physician's office to another medical office, hospital, etc., even if within the same locale.
vii. Where a worker is undergoing treatment, assessment, counseling, etc., in connection with a compensable injury, the premises where these services are being provided are analogous to the place of employment and any injury suffered, while there, will be adjudicated accordingly.

Act Sec #	22(1)(b)	
Effective Date	08 April 1987	
Amended	01/98 ADM 03/2000 – 10 January 2000	
Application	All claims not yet ruled upon	
Doc #	3.2.4	
Supersedes	N/A	
Complements	POL 12/90	Doc # 3.2.5

3.2.5 Injuries, Travelling in Return-to-Work Programming (POL 12/90) Amended by ADM 02/1999

Document Date 29 March 1990

Purpose To Establish Guidelines for Coverage While Involved in Return-to-Work Programs

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BACKGROUND

There is no difference discerned between travelling connection with Board-sponsored return-to-work programs and for medical aid as addressed in Policy 15/87.

POLICY

The following guidelines will assist in determining whether or not an injury occurring to a client while travelling in connection with a return-to-work program is compensable:

1. Injuries occurring in the course of normal travel arising out of Board sponsored return-to-work programs are generally not compensable. For example:
    a. Workers who travel to and from school while completing a training program within their home community.
    b. Workers who undertake an active job search within their home community. "Home community" includes a reasonable commuting distance to a maximum of 40 kilometres.
    c. Any other routine travel undertaken while receiving return-to-work assistance.
2. If the worker is injured in the course of pre-authorized exceptional travel the injury is compensable. For example:
    a. Pre-authorized travel beyond the worker's home community for the purpose of a prescheduled job interview, training, etc.
    b. Pre-authorized relocation, temporary or permanent, to undertake upgrading, specialized training, or employment.
    c. Pre-authorized travel to a new location to complete a temporary assignment; e.g. work assessments, or to participate in the Employment Skills Development Workshop.
    d. A Board arranged appointment.

3. Injury occurring at a place of instruction, etc. For example, where a worker is participating in a program that requires attendance at an educational centre or similar environment, the premises where these services are being provided are analogous to his place of employment and injury claims are to be adjudicated accordingly.

Act Sec #	115	
Effective Date	29 March 1990	
Amended	ADM 02/1999 – 20 December 1999	
Application	All future claims	
Doc #	3.2.5	
Supersedes	N/A	
Complements	POL 15/87	Doc # 3.2.4

3.2.6 Injuries, Entering or Exiting Employer Premises (POL 17/91) (Amended by ADM 03/2000)

Document Date 28 June 1991

Purpose To Establish Guidelines for Parking Lot Injury and Similar Claims

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BACKGROUND

1. The Mission of the Board, arising from the enabling legislation, is to "protect workers and employers against the result of work injury."
2. The number of variations of parking lot arrangements is large, and accordingly, no policy can specifically cover each and every situation. Therefore, general comments on different categories of parking arrangements are provided for use as guidelines.

POLICY

1. Contiguous Property
    a. When a worker is provided a parking spot on contiguous premises he is considered to have entered the course of employment once he arrives on the parking lot property.
    b. The worker is covered while reasonably traversing that parking lot in order to obtain access to the employment premises.
    c. Should the location of the parking lot and the arrangement of the entrances to the employer premises require a minor deviation onto public property in order to make reasonable use of the building entrances, that minor deviation is not considered to be significant enough to remove the worker from the course of employment. Accordingly, coverage will extend to that minor deviation onto public property.
    d. Employees who are not entitled to the use of a parking lot for their vehicles but who coincidentally traverse it to make reasonable use of the entrances are also considered to be in the course of employment while on the parking lot.
    e. Such individuals however, are not considered to be in the course of employment during any deviation onto public property.

2. Remote Parking Lots

When a parking lot provided by the employer for its employees is separated from the actual employment premises by any significant amount of public or privatelyowned (other than by the employer) property, coverage is extended to those employees entitled to use that parking lot only while they are actually on the parking lot premises.

a. Once they have left the employer parking lot premises and are traversing property owned by someone other than the employer they are no longer in the course of employment and are not covered.

b. Furthermore, employees who are not entitled to use that parking lot but who coincidentally traverse that parking lot on the way to employment are not considered to be in the course of employment.

3. Malls and Other Multi User Premises

Mall parkades and the common areas of malls present many similarities with multi-storey business towers. In both situations the particular employer may lease only a small portion of the property operated and maintained by the owner of the mall or business tower. However, the employer in both situations is contributing, through his/her payments to the owner of the property, to the upkeep and maintenance of those portions of the property intended for common use. In the case of a multi-storey building, this may include the parking lot, the main entrances and lobby and the elevators and stairs to the various floors. In the case of a mall, this would include the parking lot, and the common walkways between the stores, etc.

a. Insofar as malls and multi-storey business towers are concerned, workers are entitled to safe access and egress to the specific employment premises, which includes the traversing of common areas such as parking lots, common walkways, and elevators etc., necessary for the worker to arrive at the particular place of employment.

b. A worker has entered the course of employment the moment he arrives on that common property, whether it is the entrance to the multi-storey building or the edge of the mall parking lot. This coverage extends while making reasonable use of these premises for the purpose of arriving at and leaving the specific employment premises.

c. Should a worker deviate from a reasonable route to their specific employment premises they may be considered to have left the course of employment and not to have returned to the place of employment until they have returned to that reasonably direct route.

4. Time and Place Relationship

   a. In addition to the previous considerations, there must be a time and place relationship to the course of employment in order for coverage to be extended. An individual who makes use of an employer provided parking lot is covered when using that parking spot for the purpose of attending employment. Where that individual significantly deviates from the usual access and egress path, he/she can remove himself/herself from the course of employment, since he/she may have altered the purpose for which the parking lot is being used

      Example:

      A worker may, at the end of his/her shift, decide that rather than go directly to his/her vehicle and leave the employer parking lot, to spend two hours downtown shopping. This significant deviation from a reasonable egress route will remove the worker from the course of employment. The worker is no longer making use of the parking lot provided by the employer for the purpose of coming to and going from work, but is now using it as a parking lot while he/she is shopping.

5. Imported Hazard

   a. Where an injury is sustained by a worker solely the result of an imported hazard such as catching one's finger in one's own car door, the injury is not considered to have arisen out of and in the course of employment. However, whenever there is some combination of hazards both imported by the worker and related to the employer premises or imported by another worker then coverage can be extended.

   b. Two workers who are entitled to use a parking lot drive their vehicles onto the parking lot and collide. Any injury sustained by either of these workers would be considered to have arisen out of and in the course of employment.

6. It is imperative that the CSR obtain detailed information concerning the actual circumstances at the time of the injury. This policy will cover most circumstances but if situations should arise that are not felt to be adequately covered then it will be necessary to review them on an individual basis.

Act Sec #	28	
Effective Date	28 June 1991	
Amended	10/95	
	ADM 03/2000	10 January 2000
Application	All claims where no final decision has been made as to whether the injury arose out of and in the course of employment	
Doc #	3.2.6	
Supersedes	N/A	

Complements	POL 29/82	Doc # 3.2.3
	PRO 29/82	Doc # 3.2.1

3.2.7 Fatalities, Presumption (POL 10/2002)

Document Date December 12, 2002

Purpose To Establish Guidelines for Applying Presumptive Clauses in Fatalities

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DEFINITION

Found dead refers to the situation where there are no witnesses to the occurrence or circumstances of a death. The period of time between the last time a person was seen alive and when they were found dead must be long enough that the circumstances of death are unknown. Finding a person a few minutes after being seen alive would normally not constitute being "found".

BACKGROUND

1. With the introduction of Bill 72, Section 30 of *The Workers' Compensation Act, 1979* (the "Act") states that: "Where a worker is found dead at a place where he had a right to be in the course of his employment, it is presumed that his death was the result of injury arising out of and in the course of his employment, unless the contrary is shown."
2. The rebuttal clause in Section 30 means that where the cause of death is proven to not to be work-related, the presumption of death arising out of and in the course of employment will not be made.

POLICY

1. Where a worker is found dead at the work site, investigations will determine whether:
   a. the worker was a worker as defined under the Act,
   b. the worker was in a place where he had a right to be in the course of employment, and
   c. the cause of death was work related.
2. If the criteria under Point 1 are met, it will be presumed the death arose out of and in the course of employment and the claim will be accepted.
3. Where it appears the death was not work related, the WCB may investigate the cause of death and determine whether the claim will be accepted.

Act Sec #	022,029,030
Effective Date	01 January 2003
Amended	
Application	All new claims where a worker is found dead
Doc #	3.2.7
Supersedes	POL 09/1999 – Fatalities – Presumption. PRO 09/1999 – Fatalities - Presumption
Complements	POL 13/2001 Doc # 6.9

4.0 BENEFITS TO WORKER

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4.1 Calculation

4.1.1 Determination of Loss of Earnings (POL 14/2001)

Document Date 05 December 2001

Purpose To Establish the Guidelines For Determining Loss of Earnings

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DEFINITION

1. Suitable, productive employment" is defined as follows:
   a. " employment" means work that contributes meaningfully to the operation of the business, thereby providing purposeful tasks for the worker.
2. "Earning Capacity" is the amount of income a worker could be expected to generate, post injury, through the performance of suitable employment given the physical restrictions and the unique vocational profile of that worker.

BACKGROUND

1. Section 104(4)(a) of the Workers' Compensation Act, 1979 (the "Act") states benefits can be reduced or terminated "where the worker's loss of earnings is not related to the effects of the injury..."

2. Section 104(4)(b)(i and ii) of the Act provides the Board with the ability to reduce or terminate benefits of workers who are not available for, or decline, an employment offer for suitable work or do not cooperate in medical or vocational programs that are intended to return them to work.

3. Section 104(4)(b)(iii) of the Act states that benefits can be reduced or terminated once a worker has completed a "vocational rehabilitation program" and been given a reasonable amount of time to obtain employment. It does not clarify what is meant by a "vocational rehabilitation program".

4. Section 104(4)(b)(iv) of the Act enables the board to reduce benefits when a worker decides to take employment that does not offer a wage that they are otherwise capable of earning or if they withdraw from the labour force for reasons not related to their injury.

5. Section 104(4)(b)(v) of the Act states that benefits can be reduced or terminated if "the worker fails to comply with section 51.1" which is to take all reasonable action to mitigate loss of earnings and cooperate with the Board in developing a rehabilitation plan.

6. The reduction to benefits is determined at the discretion of the Board. The following policy will outline under what circumstances the Board will reduce benefits and by how much. This will ensure that a fair and reasonable process is followed by Board decision makers and that the worker can predict when such a reduction may be expected.

POLICY

1. In two circumstances Operations staff will be in a position to determine the extent of compensable earnings loss.
   a. Where an injury has resulted in permanent restrictions which obviously preclude a worker from being competitive in the labour market and securing suitable, productive employment, the Case Manager may determine the worker's earning capacity to be nil without the involvement of a Vocational Services Specialist (VRS).
   b. Where an injured worker has returned to work with the pre-injury employer at a reduced wage level, and the loss of earnings is minimal, the Case Manager may determine that the worker is at an optimal earning capacity level and issue long term benefits on the basis of that actual income. Involvement of the VRS would not be necessary.
2. In all other circumstances, a worker's earning capacity will be determined by the VRS within the context of an Individual Vocational Plan (see section 8 of this manual).
3. It is presumed the worker's earning capacity is equal to the worker's actual earnings unless the VRS demonstrates otherwise.
4. An earning capacity greater than actual earnings will be demonstrated when:
   a. The VRS and the worker have identified suitable, productive employment. Where necessary, the suitability may be determined by the use of a functional capacity evaluation, job task analysis, vocational testing, transferable skills analysis, and any other vocational assessment tool seen as useful. Through local labour market research, the VRS has verified there are a reasonable number of positions, which exist within that occupation, or occupational group and the worker would be reasonably competitive when applying for those positions.
   b. The starting wage of the identified occupation will be considered the worker's initial earning capacity unless the VRS can show that the worker would be paid a higher starting wage.
   c. Wherever possible, three local employers are to be contacted to verify the necessary qualifications and the starting wage of the identified position. If the

identified position exists in both union and non-union work sites, information is to be gathered from both.

5. Where relocation is not being considered, a 75 km. radius may be regarded as reasonable commuting distance for employment. When considering a reasonable commute, factors such as the worker's physical ability to drive, the starting wage and wage potential of the employment will be taken into account. For those workers who have historically traveled further for employment, the expectation will be in keeping with that history, but with consideration to the above factors. There is no entitlement to travel allowances related to travel to and from post-injury employment. The absence of a driver's license, for reasons other than a physical inability to drive, will not be a factor when determining reasonableness.

6. A worker's benefit entitlement may be calculated using an earning capacity greater than that, which the worker is actually earning when any of the conditions contained in Section 104(4) of the Act, apply.

7. The VRS must show why it is not reasonable to offer additional vocational services to a worker before reducing benefits by the earning capacity, which has been demonstrated. The decision about when to implement a reduction in benefits will be based on the individual circumstances of each worker (e.g., age, motivation of the worker, the participation of the pre-injury employer or the number of options available to the worker).

8. The process for determining a worker's earning capacity necessitates the participation of the worker in such activities as transferable skills analysis and/or vocational testing, or other applicable measurements. Should a worker decide not to participate in the initial vocational planning activities, determination of earning capacity will not possible. It would be unfair to the worker for the VRS to attempt to establish an earning capacity in the absence of sufficient information regarding the worker's vocational profile. Therefore, benefits may be suspended until the worker chooses to participate with the VRS to an extent which enables a determination of earning capacity. Once this occurs, any subsequent lack of participation may result in an immediate reduction in benefits which reflects the earning capacity rather than a suspension of benefits.

9. Where workers live in an area of low economic activity and are unable to realize their earning capacity, the WCB will provide for relocation to the closest community that offers suitable, productive employment at the appropriate wage level. Should the worker decide not to relocate, the WCB will continue to extend wage loss payments for a period of two years. At the end of the two-year period, the VRS will determine the worker's earning capacity with reference to occupations which exist in the identified closest community and benefits will be reduced accordingly. Should

the worker request relocation assistance after the two-year period, the relocation must result in a further reduction in the earnings loss being paid to the worker.

Act Sec #	104(4)	
Effective Date	01 January 2002	
Amended		
Application	All workers who do not return to pre-injury employment	
Doc #	4.1.1	
Supersedes	POL 04/80	Doc # 4.1.1
	POL 45/82	Doc # 4.1.2.2
	POL 47/82	Doc # 4.1.2.3
	POL 16/88	Doc # 4.1.2.4
Complements	POL 12/98	Doc # 1.2

4.1.2.1 Estimating Earning Capacity - Commission & Self-Employed (POL 14/89)

Document Date 05 September 1989

Purpose To Establish Guidelines Regarding Earning Capacity of Workers Assisted by Vocational Services in Commission Sales or Self-Employed

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BACKGROUND

1. From time to time injured workers effect choices towards careers or employment with potential but not immediately providing regular remuneration. In these cases it is desirable to provide incentive through a stabilized period and level of financial support.
2. These situations are recognized in certain types of training on the job, real estate sales, forms of self-employment, commission sales or farming.

POLICY

1. Unless actual earnings are higher, the earning capacity of the worker will be considered to be:
   a. Zero during a period of up to 6 months for assessment and/or licensing
   b. No less than 50% of the provincial average weekly wage for the following 12 months
   c. No less than 75% of the provincial average weekly wage for the following 12 months
   d. No less than 100% of the provincial average weekly wage for the following 12 months
   e. No less than 125% of the provincial average weekly wage for the following 12 months
   f. No less than 150% of the provincial average weekly wage thereafter.
2. When the worker's situation is judged to be stable, the Earnings Replacement Division of the Claims Department, in the normal fashion, will administer this payment.

Act Sec # 69

Effective Date	05 September 1989
Amended	
Application	All relevant claims
Doc #	4.1.2.1
Supersedes	N/A
Complements	N/A

4.1.3.1 Compensation Rate - Recurrence (POL 06/80)

Document Date 07 January 1980

Purpose To Establish Guidelines for Setting Wage Base on Recurrence.

BACKGROUND

Section 77(1) of *The Workers' Compensation Act, 1979*, as amended in 1982-83 states that "any workers receiving compensation under a former Act shall.....receive all benefits under this Act....." (except benefits under Section 67 and 74).

POLICY

1. Benefits under Section 72 (recurrence) qualify in this respect.
2. When workers return to full employment and thereafter suffer a recurrence, they are entitled to the better of their earnings at the time of original injury or their earnings at the time of recurrence, less any compensation the worker is receiving in respect of that injury.
3. Workers are not able to qualify for a higher income ceiling merely by reporting to work for a very short while and filing for recurrence benefits. There must be a clear indication of returning to full employment and losing the new earnings level because of recurrence.

Act Sec #	72	
Effective Date	07 January 1980	
Amended		
Application	All claims	
Doc #	4.1.3.1	
Supersedes	N/A	
Complements	PRO 30/81	Doc # 4.1.5

4.1.3.2 Compensation Rate – Apprentices And On-The-Job Training (POL 21/2001)

Document Date 13 December 2001

Purpose To Establish Guidelines for Compensating Workers Undergoing Training When Injured

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DEFINITION

1. "Undergoing training or instruction of a kind satisfactory to the board" means the worker is:
   a. Registered in a plan of apprenticeship for the designated trade or designated sector under The Apprenticeship and Trade Certification Act, 1999 (the "Apprenticeship Act") or;
   b. Participating in a specified or contractual On-the-Job training program.
2. "Probable earnings" for the purpose of this policy means the wage(s) a worker would have been earning had the worker continued with and successfully completed the On-the-Job training program, or Apprenticeship program as outlined by the pre-injury employer.

BACKGROUND

1. Section 51 of *The Worker's Compensation Act, 1979* (the "Act") states:

   > "Where a worker suffers an injury for which compensation is payable while undergoing training or instruction of a kind satisfactory to the board, the board may review the amount of compensation payable to the worker and may increase the compensation to an amount that fairly represents what the worker would have otherwise been entitled to under this Act had he completed that training or instruction."

2. Where an injury prevents a worker from completing an apprenticeship or on-the-job training program, a worker's probable earnings rather than past earnings will be used to establish compensation benefits.

POLICY

1. The following criteria is to be used to establish eligibility for an increase to the earnings base for workers injured while in Apprenticeship, or On-the-Job training programs:
    a. there is a signed agreement between the worker and the employer, The Apprenticeship and Trade Certification Commission;
    b. the work injury must have occurred while the worker was enrolled in, and actively pursuing advancement in the Apprenticeship, or the On-the-Job training program under the direction sponsoring employer;
    c. the work injury has prevented the worker from completing the Apprenticeship program, or the On-the-Job training program.
2. Initial compensation benefits will be based on the worker's earnings at the time of injury. Increases to the worker's benefits will be based on probable earnings as outlined in the pre-injury employer's salary grid or agreement, or if unavailable, from local labour market statistics.
3. Increases to the worker's compensation benefits will cease on the date the worker would have completed the apprenticeship program, or on-the-job training program had the worker not been injured.
4. Section 51 does not eliminate the requirement to apply Consumer Price Indexing as per Section 69(1)(a).

Act Sec #	51, 69(1)(a)
Effective Date	01 January 2002
Amended	
Application	All applicable workers
Doc #	4.1.3.2
Supersedes	POL 13/86 (Amended 09/95)
Complements	PRO 21/2001 Doc # 4.1.3.2

4.1.3.3 Compensation Rate - Excluded Earnings (POL 18/87)

Document Date 08 April 1987

Purpose Establish Guidelines for Use of Earnings from Excluded Employment.

BACKGROUND

1. The Board interprets the Act to prohibit the use of earnings from industries and occupations excluded by the Act and Regulations, in the calculation of compensation benefits.
2. The Board further believes that present practice of using excluded earnings but not income, as in the case of a farmer injured in covered employment, is unfair.

POLICY

1. Earnings earned in Saskatchewan industries and occupations not subject to the Act may not be used in calculating compensation entitlement.
2. However, earnings earned in another Canadian jurisdiction may be used if the industry or occupation in which these are earned is subject to both workers' compensation legislation in the jurisdiction and Saskatchewan.

Act Sec #	70	
Effective Date	Entitlement Commencing on or after 01 January 1986	
Amended		
Application	All Claims	
Doc #	4.1.3.3	
Supersedes	POL 60/85	
Complements	POL 20/96	Doc # 4.1.3.7
	POL 10/2003	Doc # 4.1.4.4

4.1.3.5 Compensation Rate - Where no earnings at disablement or death (POL 08/2002)

Document Date September 18, 2002

Purpose To Establish Guidelines for Payment of Benefit where there are no earnings at disablement or death

DEFINITION

Recurrence for the purpose of this policy occurs when a worker who stopped work previously and received compensation for earnings loss resulting from a work injury, returns to full employment and becomes disabled again as the result of the original injury. The worker's return to work following the previous disablement must be for a sufficient period of time to reflect that the worker was able to return to work within the capacity identified at recovery. This period will normally be greater than one month.

BACKGROUND

1. Where a work injury results in disablement, *The Workers' Compensation Act, 1979* (the "Act") directs the payment of compensation for earnings loss to an injured worker or the surviving dependent spouse based on the earnings at the time of injury.

2. There are circumstances, however, where there are no employment earnings at the time of disablement or death on which to base the calculation of compensation benefits (e.g., a latent occupational disease has become symptomatic or causes death after a worker is no longer involved in the workforce, a government-sponsored unpaid learner is injured etc.).

3. The Board interprets the intent of the legislation not to penalize the worker who persisted in employment initially, nor to deny benefits where the nature of the injury does not produce disability or death immediately.

4. The authority of Section 22 allows the Board to determine the average weekly earnings where there are no employment earnings on which to base the calculation of compensation benefits.

5. Sections 68(1) and (2) and Section 69(1) provide for the compensation payable at the commencement of the loss of earnings resulting from an injury and for annual reviews of those earnings. Section 72 directs the compensation payable in the case of a recurrence. Payments of benefits to injured workers is restricted from going

beyond age 65, unless allowed under Section 71 where a worker is age 63 or older at the time of the injury.

POLICY

Where there is medical evidence to support that disablement or death occurred as the result of a work injury:

1. Workers who have no earnings at the time of a **recurrence** and who were paid compensation at the time of the original injury (e.g., early retired from original job, but disabled when working as unpaid volunteer), will be provided benefits based on their earnings at the time of initial disablement.
2. Workers who do not stop work initially but **later become disabled** from an injury where there are no earnings or any assessable earnings (e.g., early retired or unemployed at the time a latent occupational disease becomes symptomatic), will be provided benefits based on their earnings at the time the injury occurred. If it is impossible to confirm such earnings, the average weekly earnings will be based on the provincial minimum wage for a forty-hour work week for the first 24 months of demonstrated earnings loss.
3. Unpaid workers who stop work at the initial time of injury (**immediately disabled**) and have no earnings or any assessable earnings (e.g., government-sponsored volunteers or learners in work placement programs), the average weekly earnings will be based on the provincial minimum wage for a forty-hour work week for the first 24 months of demonstrated earnings loss.
4. Where there are no earnings at the time of death resulting from a work injury, benefits to the dependent spouse will be paid for a period not exceeding five years and will be based on the earnings as defined in either; Point 1) where earnings loss was paid previously or; Point 2) and Point 3) where no earnings loss was paid prior to the death.
5. Consumer Price Indexing of average weekly earnings as defined above will occur annually.
6. Costs may be charged to the Disaster and Occupational Disease Reserve where disablement under; Point 1) and Point 2) relate to a latent occupational disease, or where benefits are paid to a dependent spouse as directed under Point 4.

Act Sec #	22, 68, 69, 69(1), 72, 83, 144
Effective Date	October 1, 2002
Amended	

Application	All claims where there are no assessable earnings at disablement, delayed disablement and recurrence	
Doc #	4.1.3.5	
Supersedes	POL 03/1999	
Complements	POL 10/1999	Doc # 2.2.2
	POL 06/80	Doc # 4.1.3.1
	POL 18/2001	Doc # 4.1.4.1
	POL 06/2001	Doc # 4.5.2

4.1.3.6 Compensation Rate - Maximum, 2005 - Section 38 (POL 10/2004)

Document Date 15 December 2004

Purpose To Establish the Maximum Compensation Rate as per Section 38

BACKGROUND

1. Section 38 of the Act states that commencing in 1975 and annually thereafter the Board will review the wages and salaries earned by workers who suffered injury and to whom compensation was paid during the period of one year immediately preceding 30 September of the year of the review. Where that review reveals that 10% or more of the workers are earning in excess of the maximum wage rate at the time, the Board shall increase the maximum wage rate for injuries occurring on and after 01 January of the succeeding year by increments of $1,000. Increments will be added until the number of workers whose salaries exceed the maximum wage rate is reduced to less than 10% of the workers who suffered injury and to whom compensation was paid during the period of review.
2. According to Section 68(1), compensation is based on 75% of average weekly earnings for injuries before 01 September 1985; and 90% of Net for injuries on or after 01 September 1985.

POLICY

Pursuant to Section 38, the Board directs that the maximum wage rate for any worker sustaining injury before 01 September 1985 be increased to $52,000 per annum effective 01 January 2005.

ATTACHMENTS

1. Historical Maximum Compensation Table (Section 38), applicable to injuries sustained before 01 September 1985.
2. Report #CLM2023 – "Number and Range of Time Loss, Fatality Claims (with Cumulative Percentages)" for the period 01 October 2002 to 30 September 2003 is attached.

Act Sec # 038
Effective Date 01 January 2005
Amended

Application ll workers sustaining injury before 1 September 1985
Doc # 4.1.3.6
Supersedes POL 14/2003

Complements POL 10/2003 Doc # 4.1.4.4

Historical Maximum Compensation Table (Section 38)

(Applies to injuries sustained before September 1, 1985)

Date	Present Max. Ann. Wage	Mthly Wage	Mthly Comp	Wkly Wage	Wkly Comp
Apr 01/48	3,000.00	250.00	187.50	57.69	43.27
Jan 01/53	4,000.00	33.33	250.00	76.92	57.69
July 01/56	5,000.00	416.67	312.50	96.15	72.11
July 01/60	6,000.00	500.00	375.00	115.38	86.54
July 01/68	6,600.00	550.00	412.50	126.92	95.19
July 01/72	8,400.00	700.00	525.00	161.54	121.16
July 01/74	10,000.00	833.33	625.00	192.31	144.23
Jan 01/76	14,000.00	1,166.67	875.00	269.23	201.92
Jan 01/77	16,000.00	1,333.33	1,000.00	307.69	230.77
Jan 01/78	18,000.00	1,500.00	1,125.00	346.15	259.61
Jan 01/79	20,000.00	1,666.67	1,250.00	384.62	288.47
Jan 01/80	22,000.00	1,833.33	1,375.00	423.08	317.31
Jan 01/81	24,000.00	2,000.00	1,500.00	461.54	346.16
Jan 01/82	26,000.00	2,166.67	1,625.00	500.00	375.00
Jan 01/83	29,000.00	2,416.68	1,812.50	557.69	418.27
Jan 01/84	33,000.00	2,750.00	2,062.50	634.62	475.97
Jan 01/85	33,000.00	2,750.00	2,062.50	634.62	475.97
Jan 01/86	34,000.00	2,833.33	2,125.00	653.85	490.39
Jan 01/87	34,000.00	2,833.33	2,125.00	653.85	490.39

Jan 01/88	35,000.00	2,916.67	2,187.49	673.08	504.81
Jan 01/89	37,000.00	3,083.33	2,312.50	711.54	533.66
Jan 01/90	37,000.00	3,083.33	2,312.50	711.54	533.66
Jan 01/91	37,000.00	3,083.33	2,312.50	711.54	533.66
Jan 01/92	40,000.00	3,333.33	2,500.00	769.24	576.93
Jan 01/93	41,000.00	3,416.66	2,562.49	788.46	591.34
Jan 01/94	41,000.00	3,416.66	2,562.49	788.46	591.34
Jan 01/95	41,000.00	3,416.66	2,562.49	788.46	591.34
Jan 01/96	42,000.00	3,500.00	2,625.00	807.70	605.77
Jan 01/97	43,000.00	3,583.33	2,687.50	826.93	620.20
Jan 01/98	43,000.00	3,583.33	2,687.50	826.93	620.20
Jan 01/99	44,000.00	3,666.67	2,750.00	846.15	634.61
Jan 01/2000	45,000.00	3,750.00	2,812.50	865.38	649.04
Jan 01/2001	46,000.00	3,833.33	2,875.00	884.62	663.47
Jan 01/2002	47,000.00	3,916.67	2,937.50	903.85	677.89
Jan 01/2003	49,000.00	4,083.33	3,062.49	942.31	706.73
Jan 01/2004	51,000.00	4,250.00	3,187.50	980.78	735.58
Jan 01/2005	52,000.00	4,333.33	3,250.00	1,000.01	750.01

Report #CLM2023 – "Number and Range of Time Loss, Fatality Claims (with Cumulative Percentages)" for the period 01 October 2002 to 30 September 2003

27,001	To	28,000	7	22	5.80	448	6,243	47.48	455
28,001	To	29,000	3	25	6.59	393	6,636	50.47	396
29,001	To	30,000	1	26	6.86	487	7,123	54.17	488
30,001	To	31,000	4	30	7.91	397	7,520	57.19	401
31,001	To	32,000	2	32	8.44	420	7,940	60.39	422
32,001	To	33,000	8	40	10.55	337	8,277	62.95	345
33,001	To	34,000	14	54	14.24	330	8,607	65.45	344
34,001	To	35,000	8	62	16.35	283	8,890	67.61	291
35,001	To	36,000	9	71	18.72	306	9,196	69.94	315
36,001	To	37,000	2	73	19.25	259	9,455	71.91	261
37,001	To	38,000	1	74	19.51	236	9,691	73.72	237
38,001	To	39,000	7	81	21.36	227	9,918	75.43	234
39,001	To	40,000	5	86	22.68	212	10,130	77.04	217
40,001	To	41,000	5	91	24.00	198	10,328	78.55	203
41,001	To	42,000	14	105	27.69	192	10,520	80.01	206
42,001	To	43,000	49	154	40.61	167	10,687	81.28	216
43,001	To	44,000	43	197	51.95	152	10,839	82.43	195
44,001	To	45,000	33	230	60.65	135	10,974	83.46	168
45001	To	46,000	32	262	69.09	159	11,133	84.67	191
46001	To	47,000	15	277	73.04	135	11,268	85.70	150
47,001	To	48,000	10	287	75.68	150	11,418	86.84	160
48,001	To	49,000	16	303	79.90	117	11,535	87.73	133
49,001	To	50,000	7	310	81.74	136	11,671	88.76	143
50,001	To	51,000	11	321	84.64	110	11,781	89.60	121
51,001	To	52,000	2	323	85.17	118	11,899	90.50	120
52,001	To	53,000	8	331	87.28	104	12,003	91.29	112
53,001	To	54,000	5	336	88.50	80	12,083	91.89	85
54,001	and Over	44	380	100.20	1,092	13,175	100.20	1,136	13,555
			380		13,175			13,555	

4.1.3.7 Repeal of Policies – Statutory Increases (POL 20/96)

Document Date 19 December 1996

Purpose To repeal Policies POL 40/95, POL 41/95 and POL 45/95 – Policies for Statutory Increases

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BACKGROUND

1. Previous Board practice has been to implement changes to compensation rates required by the Act and arising from changes in the Provincial Minimum Wage and in the annual Consumer Price Index by means of new Board policies.
2. Board Counsel has indicated that formal policies are not necessary, and that such changes can be implemented on the written instructions of the Chief Executive Officer.
3. The old Policies hare therefore redundant.

POLICY

Policies POL 40/95, POL 41/95, and POL 45/95 are hereby repealed as unnecessary.

Act Sec #	68(1), 69, 70(5), 71, 72, 76, 83(1)(a), 87(1), 92, 98.1(1)	
Effective Date	As Specified in Schedule	
Amended		
Application	All Claims	
Doc #	4.1.3.7	
Supersedes	POL 40/95 POL 41/95 POL 45/95	
Complements	PRO 55/2004	Doc # 4.1.8
	PRO 58/2004	Doc # 4.1.10

4.1.3.8 Section 38.1 – Maximum Wage Rate (POL 02/2003)

Document Date 04 February 2003

Purpose To Establish the Guidelines for adjusting compensation to the maximum wage rate

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BACKGROUND

1. Effective January 1, 2003, the Government has proclaimed Bill 72 amending The Workers' Compensation Act, 1979 (the "Act"). Among other things, Bill 72 increased the maximum wage rate for injuries occurring after September 1, 1985.

2. Paragraph 7 of Bill 72 states:

   "New Section 38.1

   Section 38.1 is repealed and the following substituted:

   "Maximum wage rate re certain workers

   38.1 Notwithstanding section 38, for the purpose of making a decision or determination with respect to a worker who sustains an injury on or after September 1, 1985:

   a. the maximum wage rate applicable before January 1, 2003 is $48,000 per year; the maximum wage rate applicable on and after January 1, 2003 but before January 1, 2004 is $51,900 per year;
   b. the maximum wage rate applicable on and after January 1, 2004 but before January 1, 2005 is $53,000 per year; and
   c. the maximum wage rate applicable on and after January 1, 2005 is $55,000 per year."

3. The Government has made it clear that its interpretation of paragraph 7 of Bill 72 is that eligible workers who have reached the 2002 maximum wage of $48,000, should have their benefits adjusted the date the new maximum wage rates come into effect, namely January 1.

POLICY

1. Any adjustment in the calculation of loss of earnings because of a change in the maximum wage rate will occur effective the dates of that change, pursuant to the approved procedure.

2. The maximum wage rate shall be:

   January 1, 2003 - $51,900 (monthly $4,325.00; weekly $998.08); and

   January 1, 2004 - $53,000 (monthly $4,416.67; weekly $1,019.23); and

   January 1, 2005 - $55,000 (monthly $4,583.33; weekly $1,057.69).

3. At no time shall the pre-indexed average weekly wage exceed one-fifty-second (1/52) of the maximum wage rate in effect at the time of re-indexing.

Act Sec #	38.1; 69; 70(2)
Effective Date	01 January 2003
Amended	
Application	Any workers sustaining injury after 01 September 1985
Doc #	4.1.3.8
Supersedes	POL 15/2001
Complements	PRO 02/2003 Doc # 4.1.9

4.1.4.1	**Minimum – Compensation Rate / Weekly Earnings (POL 18/2001)**
Document Date	07 December 2001
Purpose	To Establish the Guidelines for the Minimum Compensation Rate and Weekly Earnings

DEFINITION

"Average weekly wage" means:

> the average weekly wage of the industrial composite as determined by the board from information published by Statistics Canada.

"Average weekly earnings" means the greater of:

a. one fifty-second of his earnings for a period of twelve months immediately preceding the commencement of the loss of earnings as a result of the injury; **or**,

b. the rate of daily, weekly, monthly or other regular earnings that the worker was receiving at the commencement of the loss of earnings as a result of the injury."

BACKGROUND

1. Section 68 of the Act defines earnings and establishes the amount of compensation payable to a worker as long as the loss of earnings continues or until age 65, whichever comes first.
2. Section 70(5)(b) of the Act allows the Board to annually review and determine minimum weekly earnings for workers who have low earnings at the time of their injury, should their recovery exceed 24 consecutive months.
3. Section 76 of the Act directs the Board to annually review and determine a minimum rate of compensation for injured workers totally unable to work. The minimum compensation rate is not to be less than 1/2 of the average weekly wage as of June in the year prior to the Board's review. Historically, these reviews have provided an annual increase to the Board's scheduled minimum compensation rate.

POLICY

1. Eligibility for the increase to a worker's average weekly earnings to the Board's set minimum weekly earnings (2/3 of average weekly wage) occurs when compensation is paid for any time loss in each of twenty-four consecutive months.

2. The qualifying period does not have to be continuous if and only when a suspension of benefits occurs during the twenty-four months. For example, if a suspension of 3 months occurs after twenty consecutive months of payment, the month when compensation payment resumes will be considered the twenty-first month.

3. The date that a worker's average weekly earnings are adjusted to the Board's minimum weekly earnings as per section 70(5) will be the first day of payment in the twenty-fifth month. Compensation will be determined on ninety percent (90%) of net average weekly earnings as per section 68 of the Act. There will be no retroactive effect.

4. Section 70(5) does not apply to the calculation of "average weekly earnings" for a dependent spouse's compensation under section 83 of the Act.

5. Eligibility under section 76 requires that the worker be totally unable to work. The Board interprets "totally unable to work" as a permanent disability impairing the worker's ability to secure any form of employment.

6. Workers qualifying under section 76 and whose average weekly earnings are below one-half of the average weekly wage for that period, will continue to receive their actual gross weekly earnings as compensation, free of any deductions.

7. Minimum compensation under section 76 is paid retroactively to the date of injury for the first twenty four months. At the twenty-fifth month, minimum compensation is to be calculated based on not less than two-thirds of the average weekly wage. The twenty four month period is to be calculated in the same manner as in Point 2.

8. Section 76 does not apply to compensation for dependent spouses.

Act Sec #	68, 69.1, 70(5), 76(b), 83
Effective Date	01 January 2002
Amended	
Application	All claims commencing after 01 January 1983
Doc #	4.1.4.1
Supersedes	POL 49/85 POL 06/98 POL 17/83

	POL 20/82	
Complements	POL 20/96	Doc # 4.1.3.7
	POL 10/2003	Doc # 4.1.4.4
	PRO 04/2002	Doc # 4.5.1
	PRO 55/2004	Doc # 4.1.8

4.1.4.3

Minimum Compensation and Canada Pension Plan Benefits (POL 37/83)

Document Date	22 July 1983
Purpose	To Establish Guidelines for Deducting CPP in Cases of Minimum Compensation

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BACKGROUND

1. Section 76, 77.01(5) and 99(2) of the Act are capable of more than one interpretation regarding the offset of Canada Pension Plan benefits in those cases where *The Workers' Compensation Act, 1979* provides for only minimum compensation.
2. The Board interprets the intent of the Legislation to mean that there should be a minimum level at which no offset occurs.

POLICY

CPP benefits will not be subject to offset in any case where only minimum compensation or actual earnings, if less, is provided for.

Act Sec #	99	
Effective Date	22 July 1983	
Amended		
Application	All future cases	
Doc #	4.1.4.3	
Supersedes	N/A	
Complements	POL 25/82	Doc # 4.1.5.1
	POL 42/82*	Doc # 4.1.5.2
	POL 27/90*	Doc # 4.1.5.3
	POL 09/2000	Doc # 4.1.5.4
	POL 10/2003	Doc # 4.1.4.4
	PRO 55/2004	Doc # 4.1..8

4.1.4.4	**Average Weekly Earnings – Section 70(4) (POL 10/2003) (Amended by ADM 05/2004)**
Document Date	10 October 2003
Purpose	To determine the average weekly earnings for part time, casual and seasonal workers.

DEFINITION

Part Time Worker means a person who works less than or only part of a normal five-day workweek (e.g. ten or 20 hours per week).

Casual Worker means a person who works full or part-time normally for a period of less than three months usually to meet peak or periodic demands. Those who work at holiday periods, during stocktaking or on call would qualify as casual workers.

Seasonal Worker means a person who works full or part-time for a period of more than three months but less than one year. This typically occurs in such industries as farming, forestry, oil drilling, highway construction and maintenance for municipalities, towns and villages that are busiest during periods of favourable weather.

Persons regularly employed in the same grade of employment means similar workers in the same industry working under the same terms as the injured worker. In other words, workers in the same job classification working under the same conditions for the same pay and for sufficient time to accurately determine a typical annual earning level. Examples are seasonal woodcutters, seasonal grader operators and oil field workers.

Inequitable means that compensation is either too high or too low because the earnings at the time of injury do not accurately reflect the amount of earnings to be generated over the long term.

BACKGROUND

1. Section 68(1) of the Act states, "where injury to a worker results in a loss of earnings beyond the day of the injury, the board shall determine the loss of earnings resulting from the injury and shall ensure compensation to the worker".
2. Under Section 70(1) of the Act, "average weekly earnings" means "the greater of:

   a. One fifty-second of the worker's gross earnings for a period of twelve months immediately preceding the commencement of the loss of earnings as a result of the injury; **and,**

   b. The rate of daily, weekly monthly or other regular gross earnings that the worker was receiving at the commencement of the loss of earnings as a result of the injury."

3. Under Section 70(4) of the Act, "in determining the average weekly earnings of a worker, the board shall take into consideration the average earnings, as determined by the board, that were earned by a person regularly employed in the same grade of employment if:

   a. the worker was not available for employment for the full period of 12 months immediately preceding the commencement of his or her loss of earnings resulting from the injury; **or,**

   b. in the opinion of the board, it is inequitable, by the casual nature or the terms of the worker's employment, to compute the worker's average weekly earnings in accordance with subsection (1)."

4. Establishing a wage rate for part-time, casual, seasonal and new workers is a challenging process, as these workers, are typically not employed for the full 12 months prior to injury, which sometimes lead to inequitable earnings loss compensation. A policy is required therefore, that represents WCB's effort to base compensation benefits on what will most fairly represent the worker's loss of earnings.

POLICY

Initial Compensation

1. At the commencement of loss of earnings, compensation benefits will normally be based on Section 70(1) of the Act using the rate of pay the worker was receiving at the time of injury, as verified by the employer.

2. In cases where there are no regular or annual wages to establish earnings loss under Section 70(1), (e.g., commissioned sales persons who have worked only a few days and have no sales yet), consideration may be given to applying Section 70(4) for establishing the initial wage base.

Review of Compensation

3. Where workers have been in receipt of benefits for a total of 26 weeks (consecutive or cumulative) and where earnings loss calculated using Section 70(1) is considered inequitable, benefits will be based on the provisions of 70(4). Earnings for workers

regularly employed in the same grade of employment in the same industry will be averaged over the 12 months immediately preceding the commencement of loss of earnings date, to establish a wage base.

Act Sec #	21, 22, 25, 68, 70(4)	
Effective Date	01 October 2003	
Amended	05 October 2004	
Application	All claims by casual, part-time, or seasonal workers	
Doc #	4.1.4.4	
Supersedes		
Complements	POL 37/83	Doc # 4.1.4.3
	Policy 18/87	Doc # 4.1.3.3
	POL 18/2001	Doc # 4.1.4.1
	POL 19/2001	Doc # 2.1.4
	POL 08/2002	Doc # 4.1.3.5
	POL 10/2004	Doc # 4.1.3.6
	PRO 10/2003	Doc# 4.1.6
	PRO 56/2004	Doc # 4.1.7
	PRO 55/2004	Doc # 4.1.8

4.1.5.1 Offset of Canada Pension Plan (CPP) Benefits (POL 25/82)

Document Date	30 June 1982
Purpose	To show the Offset of Canada Pension Plan (CPP) Benefits

BACKGROUND

1. Section 99 provides for reduction of Act benefits when CPP periodic benefits are payable for the injury or death for which compensation has been granted.
2. CPP benefits accrue separately to children of a disabled or deceased contributor although it is the Plan's practice to pay a child's allowance to the disabled contributor or to the surviving spouse in the event of death until the child becomes eighteen years of age. Thereafter if there is continuing entitlement it is paid directly to the child.

POLICY

1. Where CPP periodic benefits are payable, the amount of periodic benefit must be substantiated by documentation from CPP or a signed declaration from the worker or his dependent.
2. Only those CPP benefits due to the disabled worker, or his surviving spouse in the event of death, may be offset.
3. A child's allowance may be offset when CPP benefits are being paid directly to the child or on his/her behalf to some person who has no entitlement under The Workers' Compensation Act, 1979 for the same incident of injury or death.

Act Sec #	99	
Effective Date	30 June 1982	
Amended		
Application	Earnings loss benefits paid under Sections 68, 69, 71, 72, 73, 76, 77 (increased compensation only), 83, 86, 87, 88, 89, 90, 95, 97	
Doc #	4.1.5.1	
Supersedes	POL 23/80	
	POL 29/80	
	POL 23/81	
Complements	POL 42/82*	Doc # 4.1.5.2
	POL 37/83	Doc # 4.1.4.3
	POL 27/90	Doc # 4.1.5.3

POL 09/2000 Doc # 4.1.5.4

4.1.5.2 Offset of Canada Pension Plan (CPP) Benefits (POL 42/82) (Amended by 01/98)

Document Date 02 November 1982

Purpose To Establish Guidelines for Offsetting CPP Benefits

BACKGROUND

1. **Sections 99 – 68**
   a. CPP entitlement is subject to total disablement, which may encompass work injury, other disabling conditions, or a combination of both.
   b. WCB benefits for earnings loss may only be paid in relation to the work injury.
   c. Difficulty is being experienced regarding the determination of if or what amount of CPP entitlement should be offset when estimating earnings.
   d. This difficulty is due to differing adjudication criteria and lack of a simple or timely mechanism to readily identify the basis for payment under the plan.
   e. In certain instances, there is no available evidence of other non- compensable conditions to satisfactorily explain continuing payment by CPP.
2. **Sections 99 – 69**
   a. CPP periodic benefits and WCB benefits are indexed to reflect cost of living increases. The intent is similar, but the measurements are not identical.
   b. CPP indexation is based on nation-wide statistics over the calendar year with indexing each January. WCB benefits are indexed by the average percentage increase in the Regina/Saskatoon All Items Price Index (Section 92) and indexed on the anniversary date. (Section 69).

POLICY

1. **Sections 99 – 68**
   a. Full offset will be applied when a worker is totally disabled because of the work injury and there is no reason to believe the periodic benefits being issued under CPP are not relative to the death or injury.
   b. No offset will be applied to WCB benefits when evidence clearly indicates the periodic CPP payments are not being issued as a result of the work injury.

c. When earnings loss compensation to an injured worker is reduced due to the earnings estimation of that worker in suitable employment, and there is no evidence of other non-compensable conditions to satisfactorily explain continuing periodic benefits being issued by CPP, offset is to be proportioned on a percentage basis.

Formula:

Deemed wage loss x 100 = %x CPP = offset amount

Wage base (indexed as required)

2. **Sections 99 – 69**
   a. Act benefits will be offset on the anniversary date as prescribed by Section 69. No additional adjustment will occur each January as related to the increased amount through indexing of CPP periodic benefits.

PROCEDURE

1. **Section 99 – 68**
   a. Earnings estimation results in reduced or partial compensation and must be applies as prescribed by Section 68 even though the injured worker may be unemployed and continuing to receive periodic benefits under the plan.
   b. To offset the full amount of CPP benefits under such circumstances is contrary to the spirit and intent of the Legislation. At the same time, Section 99 must be considered and a determination made as to whether the continuing periodic benefits being paid under the Plan are relative.
2. **Section 99 – 69**
   a. To deduct a cost of living increase in CPP entitlement without equal protection of Act benefits between the anniversary date and January of each year results in an inequitable situation and does not reflect the intent of the Legislation.

Act Sec #	68, 69, 99	
Effective Date	02 November 1982 except Policy 1(c) above, which becomes effective on the next anniversary date of the claim.	
Amended	01/98	
Application	All applicable claims	
Doc #	4.1.5.2	
Supersedes	N/A	
Complements	POL 25/82	Doc # 4.1.5.1
	POL 09/2000	Doc # 4.1.5.4

POL 37/83	Doc # 4.1.4.3
POL 27/90*	Doc # 4.1.5.3
PRO 27/90*	Doc # 4.1.3

4.1.5.3

Offset of Canada or Quebec Pension Plan Benefits (POL 27/90) (Amended by 01/98)

Document Date 29 August 1990

Purpose To Establish Guidelines for Offsetting CPP or QPP Benefits

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DEFINITION

"On the expiration of 12 months from the date of commencement of the loss of earning capacity" means that the injured worker or dependent spouse, as the case may be, is to receive 12 months of Act benefits in total per injury before offset occurs.

POLICY

1. These periodic benefits will be treated as wages that the worker or dependent spouse is capable of earning.
2. Benefits provided for by Sections 70(5), 75, 77.1, 83(1)(b), 85, 86, 87, 98.1, and 98.2 are exempt from this reduction.
3. The reduction, one half of the periodic benefits provided for by the Plans, is to be effective on the expiration of the 12 months from the date of commencement of the loss of earning capacity resulting from the injury.

PROCEDURE

1. Because the statute speaks to the periodic benefits a worker or dependent spouse is then entitled to receive rather than is receiving, and demands mandatory offset, entitlement under the Pension Plans must be determined.
2. Entitlement may be determined by either documentation from the Plan, or a signed declaration from the worker or dependent spouse.

Act Sec #	99
Effective Date	29 August 1990
Amended	09/95 01/98
Application	All future claims but may be applied retroactively to those cases in which the claimant has received less consideration.
Doc #	4.1.5.3
Supersedes	N/A

Complements		
	POL 25/82	Doc # 4.1.5.1
	POL 42/82	Doc # 4.1.2
	POL 37/83	Doc # 4.1.4.3
	POL 27/90*	Doc # 4.1.5.3
	POL 24/83	Doc # 4.1.9
	POL 09/2000	Doc # 4.1.5.4
	PRO 27/90	Doc # 4.1.3

4.1.5.4 Maximum Earners – No CPI of Canada Disability/Survivor Benefits or Estimated/Actual Earnings (POL 09/2000)

Document Date 27 November 2000

Purpose To Ensure that Neither the CDP Offset nor the Actual and/or Estimated Earnings Replacement for Worker's Whose Original Wage Base is at the Maximum Wage Rate are Reduced by the Application of CPI (Consumer Price Index)

DEFINITION

"Wage Base" means the worker's average weekly earnings at the commencement of the loss of earnings resulting from the injury and as it may be increased annually by the percentage increase in the Consumer Price Index.

BACKGROUND

1. Section 38 directs the Board to annually review and if necessary, increase the maximum wage rate for workers whose injuries were sustained before 01 September 1985. Section 38.1 directs the Board to maintain a maximum wage base at $48,000 annually, for injuries sustained on and after 01 September 1985.

2. Section 68(1) instructs the Board to provide compensation based upon 75% of gross for injuries before 01 September 1985 and 90% of Net for injuries on or after 01 September 1985.

3. The intent of Section 69(1)(a) is to protect injured workers from the effects of cost of living increases through provision of CPI indexing to the wage base.

4. The intent of Section 99 of the Act is to consider the receipt of half of any Canada Pension Plan or Quebec Pension Plan benefit, resulting from the work injury, as an allowable deduction to a worker's or dependent's benefits after 12 months from the date the loss of earnings began.

5. Section 69 requires entitlement to be reduced by a client's earnings. Section 104 permits reduction or termination of benefits in certain circumstances. The amount of reduction may be determined by estimating the client's earning capacity.

POLICY

1. The Board believes it was never the intent of Section 69 and Section 99 to reduce the WCB payment to workers whose wage base (original or indexed) is at the wage ceiling through the application of CPI.

2. Under these circumstances, the Board will not offset the index increases that are applied to the CDP or Survivor's Benefits when the wage base is at maximum.

3. Where the wage base is at maximum, CPI will not be routinely applied to actual or estimated earnings but may be considered on an individual basis. This does not limit the intent of the earnings replacement review process where entitlement may either remain the same, increase or decrease depending upon the worker's circumstances. As those at the wage ceiling cannot benefit from CPI increases to the wage base, arbitrarily applying a CPI increase to actual or estimated earnings without consideration being given to the worker's circumstances would negatively impact upon the injured worker.

4. Note, therefore, that an increase in a worker's actual earnings would be considered a change in their circumstances, resulting in a corresponding reduction in their earnings replacement benefits."

Act Sec #	69, 99, 38, 38.1	
Effective Date	27 November 2000	
Amended		
Application	All Maximum Earners and their Dependent Spouses	
Doc #	4.1.5.4	
Supersedes	POL 16/94	
Complements	POL 37/83	Doc # 4.1.4.3
	POL 25/82	Doc # 4.1.5.1
	POL 42/82	Doc # 4.1.5.2
	POL 27/90	Doc # 4.1.5.3
	POL 26/90	Doc # 4.1.6
	POL 01/85	Doc # 4.1.10

4.1.6 Provincial Minimum Wage, Effect of Increase (POL 26/90)

Document Date	15 August 1990
Purpose	To Stipulate Adjustment to Earnings Replacement Due to Increase in the Provincial Minimum Wage

POLICY

Any adjustment in the calculation of loss of earning capacity because of an increase in the provincial minimum wage will occur effective the date of that increase.

Act Sec #	69(1)
Effective Date	15 August 1990
Amended	
Application	All Claims
Doc #	4.1.6
Supersedes	N/A
Complements	

4.1.9 Annual Review of Former Act Workers (POL 24/83)

Document Date 10 June 1983

Purpose To Establish Guidelines for Determining Entitlement for Former Act Claimants at Annual Review

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DEFINITION

Average weekly wage means the average industrial composite wage of the Province as provided for in Section 69.1.

Earnings at the date of injury means the earnings upon which compensation for temporary disability was calculated, or if greater, actual earnings at date of injury but not over maximum wage rate provided by Definition 1.

POLICY

1. Earnings are to be increased by the percentage increase in the average industrial composite wage of the Province from the year of the injury to 1979 and thereafter increased by increase in the Consumer Price Index as per Section 69(2).
2. In calculating minimum compensation, Section 99 applies. That is, one half any periodic benefit the worker receives for the same injury from the Canada Pension Plan or the Quebec Pension Plan is to be regarded as earnings.

PROCEDURE

1. Sample calculation:
   a. Date of Accident: 15 February 1972
   b. Earnings at the date of injury: $100.00
   c. 1972 average industrial composite wage, $133.18 divided into that for 1979, $275.79 = 2.07 times
   d. 2.07 times original weekly earnings, $100 = $207.00
   e. CPI percentage increase as of 30/11/79, 10 = $227.70
   f. CPI percentage increase as of 30/11/80, 11.6 = $254.11
   g. CPI percentage increase as of 30/11/81, 11 = $282.06
   h. CPI percentage increase as of 30/11/82, 7.2 = $302.37

  i. Adjusted average weekly earnings as at 15/02/83 $302.37

2. Clause 5 of Section 77.01 is self-explanatory.

3. Clause 6 of Section 77.01 provides for an annual automatic escalation of minimum compensation.

Act Sec #	77.01
Effective Date	**In permanent disability cases**, the first day of the month immediately following the 1983 anniversary date of injury. **In temporary disability cases**, the 1983 anniversary date of injury.
Amended	10/95 01/98
Application	Workers who are receiving or entitled to receive an award under any Workers' Compensation Act in force prior to 01 January 1980 and who, on 01 January 1983 are under the age of 65.
Doc #	4.1.9
Supersedes	POL 22/83
Complements	POL 20/96 Doc # 4.1.3.7

4.1.10 Permanent Disability Lump Sums, Deducting (POL 01/85)

Document Date	12 February 1985
Purpose	Establish Guidelines for Deducting Previous Permanent Disability Awards from Current Entitlements

BACKGROUND

Board Members do not interpret the Act to require bringing the dollar value of lump sums and pension commutations to current levels during the application of subsection (5) of Section 77.01.

POLICY

1. Only the actual dollar value of the lump sum or commutation at the time it is paid is to be deducted.
2. On affected claims, retroactive adjustment to the anniversary date in 1983 is to be made at the next annual review of entitlement provided for by subsection (2) or earlier if it is possible to identify them before that review.

Act Sec #	77.01(5)	
Effective Date	12 February 1985	
Amended		
Application	All affected future claims	
Doc #	4.1.10	
Supersedes	N/A	
Complements	POL 50/83	Doc # 4.4.2.2
	POL 24/88	Doc # 4.4.2.3
	POL 09/2000	Doc # 4.1.5.4

4.1.11 Payments Provided at Expense of Employer (POL 52/82)

Document Date	14 December 1982
Purpose	To Establish Guidelines for Treatment of Disability Insurance Payments Provided Wholly at Employer's Expense.

BACKGROUND

Some employers, wholly at their expense, provide disability insurance for their workers.

POLICY

The Board will continue to regard this as "or other allowance" and not duplicate payment for any period covered by the insurance.

Act Sec #	100
Effective Date	Immediately
Amended	
Application	All Claims
Doc #	4.1.11
Supersedes	N/A
Complements	N/A

4.2 Allowances

4.2.1.1	**Allowance Personal Care (POL 05/2000)**
Document Date	28 August 2000
Purpose	To Establish Guidelines for Personal Care Allowances

DEFINITION

"Personal care" refers to the need of a client with a work injury for assistance with various aspects of the care of his or her person; e.g. hygiene, dressing, mobility challenges, supervision, etc. This is to be distinguished from and is in addition to any need for medical aid or the services of health care professionals, from eligibility for an independence allowance and from reimbursement for other additional expenses made necessary by the work injury.

BACKGROUND

1. Sections 115 and 117 of the *Saskatchewan Workers' Compensation Act, 1979* permit the Saskatchewan Workers' Compensation Board (WCB) to "take any measures that it considers necessary or expedient...to assist in lessening or removing any handicap resulting from [an injured worker's] injury;" and to "expend moneys from the [Injury] fund for any expenses incurred in the administration of this Act...."

2. It has been the WCB's long-standing practice to provide Personal Care Allowances to those injured workers (clients) who, need assistance in caring for themselves because of the work injury.

3. The WCB's introduction of the case management model requires amendments to the personal care allowance policy.

4. Although there has been an expectation that the province's health districts would be implementing a seven level system for assessing a client's personal care needs, such a system has not been developed. However, home care agencies/departments in the health districts are available to continue providing the WCB with assessment services that will assist the WCB in its determination of the client's need for a personal care allowance.

POLICY

Personal Care Allowances - General Principles

1. The client's financial position is not to be the deciding factor. Allowances are granted on the basis of physical or cognitive need, and the extent of self care and additional care which is required as a result of the work injury. The client will be eligible for the highest level of allowance that applies
2. Allowances are in addition to other benefits.
3. The allowance will normally be paid to the person providing personal care to the client. However, where circumstances warrant it, the allowance may be paid directly to the client.
4. Allowances are to be paid monthly.
5. When it appears a client's personal care needs are permanent, the WCB will ask the home care agency/department in the client's local health district to conduct an assessment of the client's needs, on a fee for service basis.
6. When a client for whom an allowance is being paid is hospitalized, the allowance will not be suspended unless the client remains hospitalized for more than sixty (60) days continuously. In special circumstances, this period may be extended.

Special Provisions for Individuals Providing Personal Care

7. If the person who is providing personal care is doing so as an individual and not as a business or as the employee of a business
   a. becomes disabled and unable to provide care, the allowance will not be suspended unless they remain disabled for more than thirty (30) days continuously; and
   b. they may take up to any thirty (30) days of respite per year without the cancellation of the allowance.

   In either situation, the Board will bear the reasonable cost of temporary replacement care. In special circumstances, this period may be extended.
8. The level of allowance is subject to change, according to the needs of the client. The client's need should be reviewed on an annual basis at least, or once their medical situation changes.

9. Allowances will be adjusted annually effective 01 January of each year in accordance with increases in the Regina - Saskatoon Consumer Price Index (CPI) as of 30 November of the previous year, rounded to the nearest dollar.

Levels of Personal Care Allowance

10. In determining the level of allowance appropriate to the needs of the client, the following criteria are to be considered. It is not necessary that all items in a level apply for the client to qualify for that level.

Level I

The client:

i. requires help limited to specific times, once or twice daily, which may consist of assistance in putting on an appliance or clothing.

ii. has cleaning or laundry needs as a result of incontinence caused by the injury.

iii. uses a wheelchair.

iv. has loss of vision in both eyes, and requires assistance only occasionally.

v. requires overseeing, as for a child.

Level II

The client:

i. requires help with regard to bowel or bladder malfunction.

ii. is confined to a wheelchair and requires assistance such as help in and out of bathtub or bed.

iii. has below the elbow double arm amputations requiring additional help due to limited use of prostheses.

iv. has loss of vision in both eyes, and due to another disability (e.g. loss of hearing, amputation, etc.), requires more assistance than would otherwise be the case.

Level III

The client:

i. has quadriplegia with limited mobility and impairment of bowel and bladder function.

ii. requires custodial care due to a cognitive disability, cannot be left alone at any time, and needs assistance with washing, shaving, dressing and feeding.

iii. has above the elbow double arm amputations.

iv. is confined to a wheelchair and requires assistance such as help in and out of bathtub or bed, with the additional need of care required due to pressure sores, severe spasticity, or other complications.

Level IV

The client:

i. can be in a wheelchair with help, but requires assistance for dressing, feeding, enemas, and bladder care, and cannot be left alone. A common example would be a client with high lesion quadriplegia.

ii. is completely bedridden requiring constant attendance and nursing care.

Act Sec #	115, 117	
Effective Date	01 September 2000	
Amended		
Application	All Claims	
Doc #	4.2.1.1	
Supersedes	POL 21/87* POL 05/95	
Complements	POL 04/2000	Doc # 4.2.3

4.2.2 Allowance, Orthotics and Appliances (POL 03/2001)

Document Date 15 February 2001

Purpose To Establish Guidelines for Eligibility For Coverage of Orthotics and Appliances (including the modification, replacement, or repair of these devices)

DEFINITION

Orthotics/Appliances for the purpose of this policy include, but are not limited to: eyeglasses, contact lenses, hearing aids, dentures, artificial limbs, artificial eyes, belts, braces, supports and orthopaedic footwear.

BACKGROUND

Section 106(1)(c) provides as follows:

> "Every worker who is entitled to compensation or who is disabled only on the day of the accident shall be entitled without charge to:
>
> (c) any artificial member or apparatus that may be necessary as a result of the injury, and to have any artificial limbs and eyes and any surgical appliances such as belts, braces, supports and orthopaedic shoes, whether provided before or after this section comes into force, repaired, maintained and renewed when necessary by reason of accident or ordinary wear and tear."

POLICY

1. A worker's eligibility for coverage of orthotics/appliances, or the modification of footwear hinges on these factors:
   a. the need was caused by the compensable work injury;
   b. it is to be used as a treatment or functional aid during the worker's recovery period or as a functional aid on a permanent basis and;
   c. it must be prescribed by an approved health care practitioner.
2. Consideration for the replacement or repair will be on a case by case basis given that wear will vary with the type of injury and/or occupation. Replacement or repair due to accidental damage or loss, either at work or at home, will also be considered

providing that it was not the result of a wilful and intentional act on the part of the worker.

3. Where modification of existing footwear is required (i.e., to accommodate a brace which is a result of the work injury) costs for the purchase of a suitable pair of footwear will be provided on a one-time only basis plus cost of the necessary modifications. In the future only modifications will be covered, not the purchase or repair of new footwear.

4. In situations where the worker is unable to wear shoes of the same size (e.g., one foot is larger than the other) the full cost of both pairs of footwear will be covered at the initial purchase. Since the worker is only out the extra expense of one pair not two, in the future only one pair will be covered.

5. In situations where a worker requires orthopedic or modified work footwear that is not considered suitable for casual or leisure wear or requests a specialized sports prostheses for such things as skiing, golf and swimming, consideration shall be granted on a case by case basis for the full cost, repair or replacement of leisure footwear and sports prosthesis.

Act Sec #	106(1)(c)	
Effective Date	01 March 2001	
Amended		
Application	All claims that require orthotics/appliances	
Doc #	4.2.2	
Supersedes	POL 30/87 POL 17/79 POL 05/1999	
Complements	PRO 55/2000	Doc # 7.2.18
	PRO 03/91	Doc # 7.2.2
	PRO 58/2004	Doc # 4.1.10
	PRO 19/94	Doc # 7.2.8

4.2.3 **Allowance Temporary Additional Expense (POL 04/2000)**

Document Date 23 May 2000

Purpose To Establish Guidelines for Paying Additional, Incidental Expenses Resulting from Work Injury

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DEFINITION

"Additional expense" is that portion of expenses exceeding the amount a client would ordinarily incur while working. This is usually limited to include child care, care of a household member who is incapacitated by injury or illness, housecleaning, or travel costs.

BACKGROUND

1. Section 115(b) of the *Workers' Compensation Act, 1979* enables the Board to authorize assistance to the injured worker not specifically covered elsewhere in the legislation that will lessen or remove "any handicap resulting from his injury." Section 117 authorizes the Board to "expend moneys from the [Injury] fund for any expenses incurred in the administration of this Act...."
2. As a result of work injury and ensuing medical treatment and/or return-to-work programming, clients sometimes encounter temporary expenses that are over and above what they would ordinarily encounter while working.

POLICY

1. A client may be reimbursed for additional expenses that arise out of any of the following injury-related circumstances:
    a. the severity of the injury makes it impossible to perform these tasks, such as bilateral casts, or temporarily in a wheelchair;
    b. while convalescing following surgery;
    c. while attending early intervention programs;
    d. while traveling for medical or other appointments;
    e. while hospitalized;
    f. while participating in return-to-work programs; or

   g. while the client requires an attendant for transportation between health care facilities.

2. The amount and duration of reimbursement will not exceed what is reasonable in the circumstances determined by medical evidence.

Act Sec #	115
Effective Date	01 July 2000
Amended	
Application	All new qualifying claims
Doc #	4.2.3
Supersedes	POL 28/87
Complements	POL 05/2000 Doc # 4.2.1.1

4.2.4 Allowance, Orthotics and Appliances, Replacement and Repair (POL 04/2001)

Document Date 15 February 2001

Purpose To Establish Guidelines for the Replacement or Repair of Orthotics and Appliances Broken During a Work Accident.

DEFINITION

Accident

The term accident as used in Section 113(a) is to be interpreted as a specific, single occurrence while in the course of employment as opposed to a cumulative event which results in damage to the orthotic/appliance.

Orthotics/Appliances

Orthotics/Appliances for the purpose of this policy include, but are not limited to: eyeglasses, contact lenses, hearing aids, dentures, artificial limbs, artificial eyes, belts, braces, supports and orthopedic footwear.

BACKGROUND

1. Section 113(a) provides as follows:

   "The board may, in addition to any other compensation, assume the expense of:

   (a) the replacement or repair of broken dentures, eye glasses, artificial eyes or artificial limbs when breakage is caused by an accident in the course of the worker's employment."

2. Personal responsibility for ordinary maintenance such as proper fitting, cleaning, safe care, protection, etc., does not end when an individual enters employment.

POLICY

1. Where orthotics/appliances are required for reasons other than compensable work injury entitlement is based on the determination of a work-caused accident causing damage in the course of employment versus personal responsibilities for proper fit, cleaning, storage, protection, etc.

2. The following examples are specific to glasses but the principles apply to other orthotics/appliances:
   a. Glasses removed for normal care while in the course of employment are damaged. Nothing about the employment caused the need for cleaning or damage. This is ordinary maintenance, a personal responsibility, with no work-caused accident. Unacceptable.
   b. Glasses removed for care as a result of the work environment (i.e., dirty, steamy) or for normal care with a work incident causing damage (bumped by a co-worker). These are both work-caused damage. Acceptable.
   c. Damage to glasses created by improper fit or inappropriate storage in a movement or action which is common to both employment and otherwise. Proper fit or appropriate storage is a personal responsibility. Unacceptable.
   d. Glasses with proper fitting or appropriate storage are damaged in an uncommon or unusual movement or event in employment. Damage is a result of a work-caused accident. Acceptable.
   e. Glasses damaged over a period of time from lack of proper protection (i.e., pitting of glasses). Protection is a personal responsibility. Unacceptable.

3. Entitlement is based on reasonable repair and/or replacement of that which was in the workers' possession at the time of damage. Additional cost based on worker's preference is not the Workers' Compensation Board's responsibility.
   a. Glasses are to include the actual cost of lenses and up to the maximum allowable for frames per CPI schedule (Procedure Document 4.1.10), subject to Board review.
   b. Entitlement covers cost of medical examination including refraction.

4. Workers are to be advised in writing in the event the amount authorized is less than claimed.

Act Sec #	113(a)	
Effective Date	01 March 2001	
Amended		
Application	All claims for Orthotics and appliances	
Doc #	4.2.4	
Supersedes	POL 05/1999	
Complements	PRO 55/2000	Doc # 7.2.18
	PRO 03/91	Doc # 7.2.2
	PRO 19/94	Doc # 7.2.8
	PRO 58/2004	Doc 4.1.10

4.2.5 Allowance, Clothing (POL 02/2001)

Document Date 15 February 2001

Purpose To Establish Guidelines in Extending Clothing Allowance to Workers Wearing Prostheses, Rigid Braces or Similar Devices, or Those Workers Confined to a Wheelchair.

BACKGROUND

Section 80 of the Workers' Compensation Act 1979 states that the Board may "pay to a worker an allowance in any amount that the Board considers appropriate for the replacement or repair of clothing worn or damaged by reason of the worker wearing an artificial limb or appliance supplied by the Board in respect of his injury."

POLICY

1. Workers are eligible for an allowance for damaged clothing provided for by Section 80 as the result of:
   a. the use of a prosthetic device for upper, lower or both upper and lower limb amputations;
   b. a rigid back, neck, leg or full-length brace or similar rigid supportive device; or
   c. confinement to a wheelchair as the result of a compensable injury.
2. Entitlement to this allowance commences as of the date of the provision of the prosthesis, brace or wheelchair. Proof of the wearing of the prosthesis or the replacement, repair or damage to clothing is not required. Payment in the case of rigid braces or supports is contingent on confirmation of need and the continued wearing of the device.
3. Because both the upper and lower body clothing of workers confined to wheelchairs may be damaged, payment of the allowance will be equivalent to that for both upper and lower limb amputations.
4. The clothing allowance is normally to be paid monthly effective the date when the client starts wearing the prosthesis, brace or using the wheelchair. For any period less than a month, a prorated amount will be paid. Where administrative issues arise regarding monthly payment, consideration may be given for alternate arrangements such as an annual or lump sum payment.

5. The annual indexing of the clothing allowances in accordance with the increases in the Regina-Saskatoon All Items Consumer Price Index as of 30 November rounded to the nearest dollar, and the discretion of the Operations Department to pay allowances for wear and tear caused by appliances to the maximums for amputation are continued.

Act Sec #	80
Effective Date	01 March 2001
Amended	
Application	All workers wearing prostheses, rigid braces or similar devices, or those workers confined to a wheelchair.
Doc #	4.2.5
Supersedes	POL 14/91
Complements	PRO 58/2004 Doc # 4.1.10

4.2.6 Allowance - Independence (POL 09/2004)

Document Date 18 November 2004

Purpose To Establish Guidelines for the Payment of Independence Allowance

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POLICY

1. This policy replaces all previous policies concerning Section 67.1, which requires the WCB to determine the amount of Independence Allowance, subject to the law in effect on the date of the decision. Section 67.1 was enacted in 1985, and amended in 1989 and 2003.
2. The purpose of the Independence Allowance is to assist the injured worker to pay for additional costs of maintaining a home and/or travel costs that will allow the client to maintain a reasonable degree of independence.
3. Eligible home costs refer to a principal residence, e.g. hiring someone to cut grass, remove snow, or perform interior cleaning; including a condominium or other accommodation where specific fees are charged for basic maintenance of the property.
4. Eligible home costs are routine periodical (i.e. daily, weekly, seasonal) maintenance activities which, therefore, represent an annual cost, but not major projects or renovations, such as house painting or roof repairs, the costs of which are normally incurred at intervals of several years.
5. A client living in a nursing home, extended care facility or other special care institution will not be eligible, unless their dependent spouse and children continue to maintain the family home, in which case the allowance may be paid to the dependent spouse or children, as the case may be.
6. Eligible travel costs include hiring of taxis or other transport services.
7. The injured worker's income, including other payments from the WCB, does not affect eligibility.
8. The initial Independence Allowance will be calculated from, and based on the qualifying criteria in effect on, the later of:
    a. the date of the PFI award or

b. the date other criteria are met or

c. the date the worker contacts the WCB to request Independence Allowance.

9. Where an appeal is received concerning an Independence Allowance decision, the qualifying criteria below apply to each period of entitlement in that decision.

10. Criteria prior to 1989 include unemployability, and since 1989 include a severe impairment as defined by a specified PFI rating in the criteria below.

11. Independence Allowance is paid annually, and at each annual payment, the criteria currently in effect are applied.

12. Independence Allowance continues during the lifetime of the injured worker, so long as the qualifying criteria are met.

13. An injured worker can receive only one annual Independence Allowance payment, calculated on the combined total of PFI ratings on one or more claims.

14. Where an additional PFI award is granted, increases to the Independence Allowance will be based on the qualifying criteria in effect on the date of that additional award.

15. Qualifying Criteria

    a. Effective: September 1, 1985

       Criteria: unemployable, home or travel costs

       Allowance: 10% of PFI maximum

    b. Effective: January 1, 1989

       Criteria: 100% PFI, home or travel costs

       Allowance: 10% of PFI maximum

    c. Effective: January 1, 1994

       Criteria 1: 40% PFI, home or travel costs with receipts, or

       Criteria 2: 10% - 39% PFI, home or travel costs with receipts

       Allowance 1: 10% of PFI maximum, or

       Allowance 2: per receipts up to 10% of PFI maximum

    d. Effective: February 1, 1999

       Criteria 1: 40% PFI, home or travel costs, or

       Criteria 2: 10% 39% PFI, home or travel costs

       Allowance 1: 10% of PFI maximum, or

Allowance 2: $\frac{\text{Actual PFI \%}}{40\%}$ x 10% of PFI Max=Adjusted Amount

e. Effective: January 1, 2003

Criteria 1: 40% PFI, home or travel costs, or

Criteria 2: 10% - 39% PFI, home or travel costs

Allowance 1: 5% of PFI maximum, or

Allowance 2: $\frac{\text{Actual PFI \%}}{40\%}$ x 5% of PFI Max=Adjusted Amount

Act Sec #	067.1	
Effective Date	01 December 2004	
Amended		
Application	All Independence Allowances as per Point 15 above	
Doc #	4.2.6	
Supersedes	POL 03/2003	
	POL 01/99	
Complements	POL 13/2003	Doc # 4.4.3.2
	POL 04/2000	Doc # 4.2.3
	POL 02/2002	Doc # 4.2.7
	PRO 09/2004	Doc # 4.2.2
	PRO 04/2000	Doc # 4.3.3
	PRO 13/2003	Doc # 4.4.2.1

4.2.7 **Modifications – Residential, Vehicle, and Workplace (POL 02/2002) (Amended by ADM 04/2004)**

Document Date 25 January 2002

Purpose To Establish Guidelines on Providing Modifications to Residences, Vehicles, and Workplaces for Injured Workers

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DEFINITION

Residential Modifications for the purpose of this policy include, but are not limited to: wheelchairs ramps, wheelchair lifts, elevators, hard surface driveways and walkways, attached garages, residential renovations for wheelchair accessibility of the home (e.g., widening hallways and doorways, installing user friendly hardware, appliances, cupboards and accessible bathroom facilities, or removing carpet and installing linoleum).

Vehicle Modifications for the purpose of this policy include, but are not limited to: wheelchair lift, power door opener, power seat base or remote door opener.

Workplace Modifications for the purpose of this policy include, but are not limited to: widening doorways for wheelchair accessibility and installing wheelchair ramps and handrails or ergonomic workstations.

BACKGROUND

1. Sections 115 and 117 of the *Saskatchewan Workers' Compensation Act, 1979* (the Act) permit the Saskatchewan Workers' Compensation Board (WCB) to "take and measures that it considers necessary or expedient...to assist in lessening or removing any handicap resulting from [a worker's] injury;" and to "expend moneys from the [Injury] fund for any expenses incurred in the administration of this Act..."
2. WCB will assist severely injured workers in addressing issues of quality of life and independence by providing services such as modifications and aids to the home, vehicle or work environment.

POLICY

Eligibility Factors

1. Services are granted on the basis of physical or cognitive need and the extent of the loss of functional independence resulting from the work injury. The workers' financial position is not to be a determining factor.

2. Based on the recommendations of a WCB approved architect, occupational therapist or any other expert WCB engages, all modifications or purchases must be pre-authorized by WCB.

3. Residential modifications/construction (including jurisdictions outside of Saskatchewan) will be subject to Saskatchewan WCB's procurement procedure. The cost of modifications/construction will be based on Saskatchewan market values.

Injured Workers - Short-Term Needs

4. Where it appears the effects of the injury will be short-term (generally under 18 months) and temporary (full recovery is expected with minimal or no long-term effects), WCB may provide home, vehicle and workplace modifications to facilitate functional ability during the recovery period (e.g., the use of a wheelchair or walker, wheelchair ramp or bathroom aids). The following will apply:
   a. The rental or leasing of equipment and aids for modifications will be considered prior to approval for any purchases.
   b. Coverage for major home and vehicle modifications will not be considered as the worker's functional needs are expected to improve over time.

Injured Workers - Long-Term Needs

5. Where the effects of the worker's injury will be long-term and severe (e.g., workers with spinal cord injuries, multiple amputations, severe visual impairment, head injuries causing paralysis or severe burn injuries causing loss of functional mobility), WCB will consider providing structural modifications/aids to enhance accessibility and independence in the residence, vehicle or work environment.

6. **Residential Modifications**
   a. Where structurally and economically feasible, WCB may provide the cost of necessary modifications and renovations to the worker's existing home.

b. Where the worker's special needs preclude residing in the existing home prior to the completion of renovations, reasonable temporary accommodations will be provided.

c. Where renovations are neither structurally and/or economically feasible (e.g., more than 50% of the appraised value of the structure), a financial grant equivalent to the renovation costs of the worker's existing home may be provided and applied to the purchase or construction of a home suitable for modifications.

d. Any insurance, property taxes or costs associated with purchasing a lot or a parcel of land for the new home will not be included in the grant.

e. Where a new home will be purchased/modified/built, or a rental unit modified, WCB will provide the cost of interim nonstructural modifications to the original residence until the new residence is complete (e.g., hand rails in the bathroom).

f. Where the worker lives in a rental home or unit, WCB will:
   i. provide necessary modifications to the rental unit or;
   ii. assist in locating suitable accommodations adaptable to the worker's functional needs (e.g., Saskatchewan Housing Corporation) and,
   iii. provide a subsidy based on the difference between the average cost of rental accommodation and the actual cost of the specialized accommodation (factors for consideration will be the amount of subsidy required, suitable alternatives and worker preference).

   In order to qualify for Points i, ii, and iii above, the following criteria must be met:

   iv. the worker has signed a minimum three year lease and,
   v. WCB has written consent form the landlord to make the recommended modifications, and,
   vi. the landlord has agreed WCB will not be responsible for future costs associated with restoring the unit to pre-modification status.

g. WCB will be responsible for reasonable maintenance and replacement of the specialized modification equipment installed (e.g., as a result of quality defects, wear and tear, etc.). Replacement or repair due to accidental damage or loss will be considered, providing it was not caused by a willful and intentional act.

7. Moving Costs

Where relocation is necessary, consideration will be given for covering moving costs. Estimates from three companies will be required.

8. Vehicle Modifications

a. To facilitate mobility and independence for permanently injured workers, WCB will cover the cost of necessary modifications to the worker's existing vehicle (e.g., hand controls and/or wheelchair lifts) or a vehicle the worker chooses to purchase. Eligibility for modifications will not be dependent upon the worker's ability to drive (e.g., the worker has a designated driver).

b. The vehicle must meet the recommended provincial and federal standards suitable for modifications and be cost effective.

c. Where it is neither possible nor advisable to modify a worker's existing vehicle (e.g., the vehicle does not meet the necessary specifications for size, mechanical suitability or cost effectiveness), WCB will consider subsidizing a one-time purchase of a comparable vehicle suitable for modifications. Each case will be considered on it's own merits, subject to the approval of the Team Leader.

d. Costs associated with the ongoing maintenance and replacement of the specialized equipment installed to the vehicle will be covered (e.g., due to quality defects, wear and tear etc.).

e. Any licensing, maintenance and warranty issues associated with the vehicle will not be WCB's responsibility.

9. **Transportation**

Workers with Permanent Functional Impairment (PFI) who are unable to drive (and do not have a designated driver) may be eligible to receive the Independence Allowance to cover personal and employment transportation needs. Where the cost of specialized public transit and the frequency of use exceeds the maximum allowable, an increase may be granted. This will be determined on a case-by-case base.

Workplace Modifications - Short Term and Long-Term Needs

10. WCB will provide the cost of necessary modifications to the worker's place of employment.

11. WCB will not be responsible for any future costs associated with restoring the employer's workplace to pre-modification status.

12. The conditions of purchase will be in accordance with POL 05/2004 - Equipment and Tools – Vocational Rehabilitation.

Act Sec #	115, 117
Effective Date	01 March 2002
Amended	12 October 2004
Application	All Severely Injured Workers
Doc #	4.2.7
Supersedes	N/A
Complements	POL 05/2000 Doc # 4.2.1.1

POL 04/2000	Doc # 4.2.3
POL 10/2001	Doc # 8.3.1
POL 05/2004	Doc # 8.2.1
POL 06/2004	Doc # 8.1.1
PRO 05/2004	Doc # 8.2.1

4.3 Travel & Medical Aid Expenses

4.3.2.1 **Expenses - Travel & Sustenance - General (POL 07/2003)**

Document Date 27 May 2003

Purpose To establish guidelines for provision of travel and sustenance expenses.

DEFINITION

1. **Normal employment expense** includes the expenses workers incur during a normal workday including: travel to their place of employment and return to their place of residence, meals, accommodation and parking, unless regularly paid by the employer.
2. **Additional expense** is that portion of expense exceeding the normal employment expense at the time of injury.
3. **Medical treatment** means attendance for appointments at the primary, secondary or tertiary level of treatment.
4. **Authorizing Agent** means a Claims Entitlement Specialist, Case Manager, or Vocational Rehabilitation Specialist who is authorized to approve travel and sustenance expenses for injured workers on behalf of the WCB.

BACKGROUND

1. The purpose of travel and sustenance allowance is to ensure workers do not incur additional expenses when required to travel away from home to attend Workers' Compensation Board (the "WCB") directed treatment, vocational programs or other appointments or hearings.
2. The WCB endorses the principal of equally reimbursing injured workers and WCB employees at Public Service Commission (PSC) rates for short-term expenses (medical treatment), but limits the amount paid for long-term expenses (vocational training) to a reasonable allowance.
3. Subject to the following policy, travel will be reimbursed only for that portion of expense exceeding the normal employment expense. The exception will be attendance for appointments other than for the purpose of treatment or training where appropriate travel and sustenance will be reimbursed without deduction of normal employment expense.

POLICY

General

1. All travel expenses must be pre-approved by the appropriate authorizing agent on behalf of the WCB. Workers will be advised in advance of the expenses that will be allowed. Where the expense approved is less than the amount claimed by the worker, reason(s) will be provided in writing.

2. Entitlement will be determined on the basis of whether the client has been put to additional expense when travelling for medical treatment or vocational rehabilitation programming. Appropriate expenses for WCB requested appeal hearings or other special appointments and examinations, other than for treatment or vocational programming, are normally reimbursed in full.

3. Wherever possible, workers must attend the closest available treatment facility or training centre. If the worker chooses to by-pass the nearest available facility/centre only travel to the nearest available will be reimbursed.

4. Where workers reside and work in the same community no additional travel or sustenance expense will be paid. Where parking is not a normal employment expense, receipts will be reimbursed.

5. Subject to the following policy, where required to travel outside the resident community, but within Saskatchewan, workers will be reimbursed:
   a. Mileage for private vehicle at PSC rates calculated between city centre and city centre, or the actual cost of public transportation (i.e., STC bus) plus return taxi from the terminal to treatment.
   b. The appropriate meal per diem when workers are required to be away from home over normal meal times.
   c. Accommodation at PSC rates when required to be away from home for a 24-hour period. If private lodging is preferred, the rate for staying at a private home will be reimbursed.
   d. Parking receipts where not considered a normal employment expense.

6. If while off work following injury, workers change place of residence and required travel results in:
   a. Expense that was not the case before the move, no additional expense will be allowed.

b. Greater expense than their previous entitlement, an amount equivalent to the original sum remains payable; if lesser expense, the amount payable is reduced accordingly.

c. The exception to (a) and (b) above is where, as a result of the compensable injury, workers relocate for the purpose of new employment and are still undergoing medical treatment; travel and sustenance is payable from the new place of residence to the treatment facility.

Where workers resume work following injury, then change place of residence and a recurrence requires them to travel for medical attendance once again, whether or not the worker continues to work, or must stop work again, the new place of residence is to replace the original place of residence in determining whether additional expense will be allowed.

7. Decisions for out of province travel will be based on need and/or availability of the required treatment or vocational training program within the province. Conditions for payment of expenses is subject to provisions outlined below.

8. With the exception of meals and private lodging, workers will be required to submit original receipts. Where exceeding PSC rates has been authorized, reimbursement for actual costs may be considered, providing a receipt is submitted.

Medical Treatment

9. Where attendance for primary, secondary or tertiary treatment is either unavailable in the resident community or referral to a larger centre within the province is necessary, expenses will be reimbursed according to Points 4 and 5 above.

10. Where a worker is required to travel out of province to expedite treatment, attend specialist appointments, diagnostics (MRI, scans, etc.) and/or undergo surgery, the following will apply:

    a. The most economical means of transportation (typically airfare) will normally be reimbursed, plus the actual cost of taxi or specialized transportation to and from the medical facility.

    b. Should the worker choose to travel by other means (i.e. private vehicle) only the most economical method of transportation as in (a) above, will be reimbursed.

    c. Where the compensable injury precludes travel by public transportation, PSC mileage rates for private vehicle will apply.

    d. Meals, accommodation and where applicable, parking, will be reimbursed in accordance with Point 5 above.

Captive Employees

11. Captive employees in work camps, or workers temporarily residing in employer paid accommodation near a work site, can incur additional expense in two circumstances:
    a. Round trips from the camp or place of temporary residence to the nearest medical treatment facility will be covered as an additional expense.
    b. Where the worker returns to the permanent place of residence to recuperate, travel from that location to the nearest medical attention (if outside the resident community) exceeding normal employment expense will be covered.
12. No responsibility will be accepted for the cost of bringing the worker from the camp or work site back to the permanent residence to recuperate, nor returning the worker to the camp or work site when fit to resume work.

Donors

13. Effective treatment of a serious injury may require a donor (e.g. transplant of an organ from a compatible family member, or skin in the case of serious burns).
14. Where necessary, reasonable transportation and sustenance will be authorized on behalf of the donor, subject to the requirements of the emergency.
15. The donor will be compensated on the basis of actual loss of earnings or the equivalent of minimum compensation, whichever is greater, for a period not exceeding 4 weeks. Any additional time will be subject to the approval of the authorizing agent.

Attendants

16. The WCB may pre-approve travel and sustenance for attendants other than qualified Medical Personnel when it is considered essential by reason of the worker's injury and confirmed by the treating physician and/or a WCB Medical Consultant.
17. An attendant will be reimbursed on the basis of actual salary loss, but only for the period of time that such attendance was necessary and at a rate not to exceed the maximum compensation rate. No salary loss will be paid if the worker is in receipt of a personal care allowance.

Vocational Rehabilitation

Commuting to Programs

18. Vocational training programs are typically longer in duration than medical treatment and often located outside the worker's resident community. Ensuring the worker is not put to additional expense, the following will be provided:
    a. For travel within a 75 km radius from the home community (considered to be a reasonable commute), the following will be provided:
        i. PSC mileage rates up to a maximum of $120 per week for private vehicle;
        ii. Where public transportation is used, actual costs according to Points 4 and 5 above.
    b. At the discretion of the authorizing agent, where a worker's individual circumstances make commuting a hardship, meals, accommodation and parking will be reimbursed in accordance with Points 4 and 5. This is normally restricted to short-term programs where relocation (below) is not considered.

Relocation

19. Where the commuting distance exceeds a radius of 75 km and it is cost effective, relocation will be considered (Relocation Allowance – Policy POL 10/2001). The following will be provided:
    a. A travel and sustenance allowance up to $750 per month (includes travel and room and board), and
    b. One trip to the resident community per month at PSC mileage rates or the actual cost of public transportation.

20. Should the worker choose to commute rather than relocate, only an amount up to the maximum monthly living allowance ($750) will be paid.

21. Where the commuting distance is less than a radius of 75 km, workers may be relocated based on their individual circumstances. Determining factors may include the expected duration of the program and/or whether the worker's physical restrictions make commuting a hardship.

Act Sec #	106(1)(d)
Effective Date	01 July 2003
Amended	
Application	All expense claims
Doc #	4.3.2.1
Supersedes	POL 12/96

	POL 13/93	
Complements	POL 16/96	Doc # 4.3.2.3
	PRO 54/2004	Doc # 4.3.3
	POL 11/2001	Doc # 8.2
	POL 22/95	Doc # 6.13
	PRO 22/95	Doc # 6.07

4.3.2.3 Expenses - Travel & Sustenance – PSC Rates (POL 16/96)

Document Date	12 December 1996
Purpose	To Allow for the Revision of the Travel and Sustenance Allowances.

BACKGROUND

Historically the Board has paid the same rates as the Public Service Commission (PSC) for travel and sustenance allowances. These rates are applicable to both the clients and staff of the Board.

There is no good reason to change that system now.

Also, historically, the approval of the revised rates has been via a Board Decision. As the rates are always revised to match the PSC rates there is no reason to require a Board Decision. The revised rates should be approved administratively by the CEO.

POLICY

To allow for the revision of the travel and sustenance allowances, to match the Public Service Commission rates, on the approval of the CEO versus the present method of requiring a Board Decision.

Act Sec #	20, 21, 117
Effective Date	Immediate
Amended	
Application	Travel and Sustenance Allowances for Staff and Clients
Doc #	4.3.2.3
Supersedes	POL 06/96 POL 10/94
Complements	PRO 54/2004 Doc # 4.3.3

4.3.4 Reimbursement for Medications (POL 09/2001)

Document Date 30 October 2001

Purpose To Establish Guidelines for Reimbursement of Medications

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BACKGROUND

1. Sections 21.1(1)(b), 32(1), 106(1) and 117(c) of *The Workers' Compensation Act, 1979* (the "Act") refer to the provision of specialized treatment or medical aid that may be required as a result of a work injury.
2. Section 2(o) defines "medical aid" as medical and surgical aid, hospital and skilled nursing services, chiropractic and other treatment and artificial members or apparatus.
3. Prescription and nonprescription medications are to be considered under the definition of medical aid and will be reimbursed if necessary and appropriate for the treatment of the work injury.

POLICY

1. Approval for the payment of a prescription medication is to be based on the following:
    a. it is prescribed by the treating physician;
    b. it is appropriate and needed to treat the compensable injury, ***and/or***;
    c. the use of the medication corresponds to the indications listed in the Saskatchewan Health Drug Plan Formulary or the Compendium of Pharmaceuticals and Specialties, ***or***;
    d. it is approved by the Worker's Compensation Board (WCB) Medical Consultant.
2. Operations staff will monitor claims for potential problems of drug overuse or abuse. These situations should be brought to the attention of the WCB Medical Consultant for review and appropriate action. This action can involve a request for tapering of the drug or refusal to authorize payment.
3. Nonprescription medications will be approved under the following two categories
    a. Over-the-counter (OTC) Medications

Examples of over-the-counter medications are such things as analgesics (e.g., Tylenol, Advil, etc.), topical ointments (e.g., polysporin for burns or hydrocortisone (1/2%) for dermatitis, etc.). These medications may be sufficient and appropriate for the treatment of the compensable injury and will be covered if their use is recommended by the treating physician and/or is approved by the WCB Medical Consultant.

b. Alternative Health Products

Alternative health products and substances such as vitamins, nutritional supplements or herbal remedies will be covered if their use is recommended by the treating physician and/or the WCB Medical Consultant approves them. For example, supplementary vitamins may be recommended to improve energy and well-being for clients with some types of cancer (e.g., mesothelioma), as an improvement to the quality of life, which may have been compromised by the compensable injury.

4. Workers are required to submit original receipts unless the pharmacy bills the WCB, directly.

Act Sec #	2(o), 21.1(1)(b), 32(1), 106(1), 117(c)
Effective Date	01 November 2001
Amended	
Application	All Claims
Doc #	4.3.4
Supersedes	N/A
Complements	PRO 09/2001 Doc # 4.3.4

4.4 Permanent Functional Impairment (PFI) & Pensions

4.4.1 Retroactive Pension (POL 61/74)

Document Date 17 December 1974

Purpose To Establish Guidelines for Paying Retroactive Permanent Disability Entitlement

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BACKGROUND

A number of claims have been approved with awards for Permanent Disability and with retroactive effect. In some cases, awards have included many years of retrospective compensation despite the absence of medical evidence of continuing disability or reduction in earnings. In some instances it is doubtful if permanent disability benefits would have been payable for such periods under the then-current policy of the Board.

POLICY

Retroactive entitlement to permanent disability compensation shall be granted only where there is:

a. A clearly identifiable disability that has been overlooked;

b. Medical evidence of persisting disability; or

c. Evidence of a reduction in earnings that can be reasonably be attributed to the disability claimed.

Act Sec #	70 (Old Act)
Effective Date	01 January 1975
Amended	
Application	All Claims
Doc #	4.4.1
Supersedes	N/A
Complements	N/A

4.4.2.1 Pension Commutations (POL 03/78) (Amended by 10/95)

Document Date 16 January 1978

Purpose To Establish Guidelines for the Commutation of Pensions

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BACKGROUND

Section 82 of The Workers' Compensation Act, 1974 provides as follows:

> "The Board may, in any case where it deems proper and at any time or times, make or direct partial commutation or lump sum payment of compensation, or otherwise alter the form of payment, as in the circumstances the board deems most for the advantage of the worker or dependent."

POLICY

1. The responsibility for dealing with requests for partial or full commutation of pensions granted for permanent disability is hereby assigned to a Commutation of Pensions Committee.

2. Requests for commutation must be in writing indicating the specific reason for the request and the amount of money required.

3. Each request will be considered fully on its merits subject to the following:

   a. Guiding Principles

      A request for commutation must meet each of the following requirements in order to receive approval.

      i. It must show evidence of being in the best long term interest of the worker.
      ii. It must be established that a genuine need exists.
      iii. All other possible sources of financial aid and counselling must be explored before commutation is considered favourably.
      iv. Commutation must not be a device to provide temporary relief of a chronic problem. There must be reasonable assurance of a permanent solution to the problem which forms the basis for the request.

b. Purposes for which Commutation may be Granted
   i. Purchase of a home
   ii. Investing in a Business - When the worker cannot obtain suitable employment due to his disability and there is evidence of his ability to operate a potentially successfully enterprise.
   iii. Expansion of a Business - When the worker is engaged in business and financial circumstances dictate the need for expansion of facilities.
   iv. Reduction or Clearance of Debts - When the worker may lose employment as a result of garnishees, or, when obligations have increased beyond the worker's ability to cope with them for reasons other than poor management.
   v. Purchase of an Automobile - When the worker requires an automobile as a condition of employment, or, when the worker's disability dictates the need for such transportation to and from employment.
   vi. Education - A retraining or educational program needed to overcome the effects of a compensable injury may be provided under Section 88. No commutation is therefore needed for this purpose. However, there may be situations when for reasons unconnected with compensable injury, a worker wishes to undertake a program of educational improvement.

4. All appeals against decisions made by this Committee shall be referred for consideration to the members of the Workers' Compensation Board.

5. Where commutation is approved and there are joint payees, all cheques will be mailed to the worker.

Act Sec #	82 (Old Act)	
Effective Date	16 January 1978	
Amended	10/95	
Application	All future requests for pension commutation	
Doc #	4.4.2.1	
Supersedes	N/A	
Complements	POL 50/83	Doc # 4.4.2.2
	POL 24/88	Doc # 4.4.2.3

4.4.2.2	**Pension Commutations (POL 50/83)**
Document Date	31 October 1983
Purpose	To show eligibility for Pension Commutation

POLICY

1. Any worker in receipt of periodic benefits for permanent disability who is not suffering or likely to suffer any loss of earning capacity because of the disability and whose payment from the Board does not constitute more than one half of his total income will be given the choice of continuing to receive periodic benefits or a commutation of these.
2. When the worker is offered the option of commutation, he will be provided with the actual dollar amount of the commutation.
3. The worker will remain eligible for Act benefits called for in the future by his particular situation.

Act Sec #	83	
Effective Date	31 October 1983	
Amended		
Application	All pension beneficiaries	
Doc #	4.4.2.2	
Supersedes	POL 21/83	
Complements	POL 03/78	Doc # 4.4.2.1
	POL 24/88	Doc # 4.4.2.3

4.4.2.3 Pension Commutations (POL 24/88) (Amended by 12/95)

Document Date 03 October 1988

Purpose To Establish Guidelines for Commutations of Pension

POLICY

1. As an interim measure, no commutation exceeding $40,000 in value is to be granted without Board Member approval.
2. Re-introduction of an annual report of the Commutation of Pensions Committee is hereby directed.

Act Sec # 83
Effective Date 03 October 1988
Amended 12/95
Application All Commutation Requests and Initiatives
Doc # 4.4.2.3
Supersedes N/A
Complements POL 03/78 Doc # 4.4.2.1
POL 50/83 Doc # 4.4.2.2

4.4.3.1 PFI - Fatal Claims (POL 06/78) (Amended by 04/96)

Document Date 09 February 1978

Purpose

BACKGROUND

Occasionally a worker dies prior to entitlement under the Act being established for temporary or permanent disability.

POLICY

1. Where such a death occurs and it is evident that compensation would have been paid to the worker but for the death, payment shall be made to the dependent(s) of the worker or to the worker's estate in the absence of dependents:
   a. In the case of temporary disability for the period up to the date of death.
   b. In the case of permanent disability on the basis of the compensation that would have been awarded to the worker had assessment been completed prior to death.

Act Sec #	97
Effective Date	09 February 1978
Amended	04/96
Application	All Worker Fatalities
Doc #	4.4.3.1
Supersedes	POL 35/85
Complements	POL 22/80 Doc # 5.1

4.4.3.2 **PFI - General (POL 13/2003)**

Document Date 24 November 2003

Purpose To Establish Guidelines for Assessing PFI

DEFINITION

1. "Functional Impairment" means any adverse reaction in a worker as a result of work injury which interferes with the normal performance of the worker's body or mind.
2. "Decision of the board" pursuant to Section 67(1) and 67(1.1) means the law in effect on the date of the decision to pay a PFI.

BACKGROUND

1. Section 67 of *The Workers' Compensation Act, 1979* (the "Act") establishes the minimum and maximum awards payable for Permanent Functional Impairment, subject to the legislation in effect on the date of the decision to pay an award. For those decisions made:
    a. prior to January 01, 2003, Section 67(1) states the minimum amount awarded will be at least $1100 and the maximum not more than $22,600, and
    b. on or after January 01, 2003, Section 67(1.1) states the minimum award will be no less than $2200 and the maximum not more than $45,200.
2. The Workers' Compensation Board (the "WCB") has determined that awards for disfigurement will be contained in a separate policy.

POLICY

1. Subject to a decision of the board to establish a PFI, the award under Section 67 will be paid by way of a lump sum, the amount of which is set by Medical Services based on a schedule prepared by the WCB. The schedule can be accessed on the web-site and a print copy is available on request.
2. The schedule in (1) above will give recognition to any measurable functional change requiring a worker to modify activity, but will not be paid in cases of fatality except where POL 06/78 applies.

Payment of Awards

3. The lump sum award is totally divorced from earnings loss; therefore, no age restrictions apply and no deductions are made from the earnings related compensation payment under Section 68 or from any medical or rehabilitation payments made on a claim.

4. Canada Disability Plan payments are not taken into account when determining this award.

5. No one claim can result in a payment of more than the maximum PFI. However, each separate claim by a worker will be dealt with on an individual basis. When all claims through a lifetime are combined, a worker may receive more than the maximum PFI.

6. After an injury has been measured as compensable and an impairment level set, the award may only be paid when the PFI exceeds the minimum percentage applicable. The amount payable is subject to the law in effect on the date of the decision to pay the award.

7. No further award is payable unless, following reassessment, there is an increase in the original level of impairment awarded.

8. Where the award for permanent functional impairment (PFI) is the result of the acceleration of a prior measurable impairment cost relief under the Second Injury and Re-employment Reserve Policy is to be considered.

9. Those workers awarded a PFI may qualify for an Independence Allowance (POL 09/2004). PFI awards for hearing loss will not be considered when establishing entitlement to the Independence Allowance.

Act Sec #	021(1)(d), 067(1), 67(1.1), 97	
Effective Date	01 January 2003 Point 12 Effective May 01, 2000	
Amended		
Application	All assessments for PFI	
Doc #	4.4.3.2	
Supersedes	POL 08/98) (Amended by ADM 02/2001) PRO 08/98 (Amended by PRO 60/2001) POL 08/86	
Complements	POL 02/2004	Doc #4.4.3.3
	POL 06/78	Doc # 4.4.3.1
	POL 09/2004	Doc # 4.2.6

POL 01/2000	Doc # 6.12
PRO 09/2004	Doc # 4.2.2
POL 01/2004	Doc # 4.4.3.7
POL 25/90	Doc # 4.4.3.5
POL 07/2000	Doc # 4.4.3.6

4.4.3.3 Disfigurement Awards (POL 02/2004)

Document Date 23 February 2004

Purpose To provide guidelines in determining awards for disfigurement

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DEFINITION

Disfigurement means a conspicuous alteration or abnormal change in the features of the face, neck, hands, torso and upper and lower extremities and/or substantial and permanent scarring of these areas. It is related to appearance of the body and not the loss of body function.

BACKGROUND

1. Section 117(j) of the Act authorizes the Board to expend moneys for "any other purposes that the Board considers necessary to carry out the intent of this Act."
2. WCB will recognize and make a lump sum payment for disfigurement resulting from work injuries involving the face, neck, hands, torso and upper and lower extremities.
3. This payment is distinguished from any assessed for Permanent Functional Impairment (PFI). The WCB recognizes that disfigurement may cause emotional hardship; however, it is strictly a measure of the appearance of the body as a result of the work injury and usually does not mean a loss of bodily function.

POLICY

1. A lump sum payment may be awarded for disfigurement to the face, neck, hands, torso and upper and lower extremities.
2. No disfigurement award will be made until all reconstructive surgery has been carried out.
3. The disfigurement award shall not exceed $15,000 (maximum) and shall not be less than $500 (minimum). No payment shall be made when disfigurement is rated at less than ¼ of 1% of the maximum payment.
4. PFI awards for amputations include a factor for disfigurement; therefore, no further award under this policy is payable.

5. This policy has no retroactive effect. Disfigurement awards for injuries are to be made in accordance with the established formulae at the time of assessment.

6. Operations staff is responsible for determining payments for disfigurement awards for the face, hands and neck, based on an examination of coloured photographs supplied by the worker, where the degree of disfigurement results in the maximum award provided by this policy. For awards for disfigurement to other parts of the body and to the face, hands and neck where the degree of disfigurement results in less than the maximum award, Operations staff shall consult with a Medical Consultant in determining the amount of the award. The Medical Consultant shall conduct an examination of coloured photographs or a visual examination of the worker, whichever the Medical Consultant deems necessary in the circumstances, and advise Operations staff of the degree of disfigurement.

Act Sec #	022, 067, and 117(j)
Effective Date	01 June 2004
Amended	
Application	All claims for disfigurement on or after 01 June 2004
Doc #	4.4.3.3
Supersedes	POL 08/98
Complements	PRO 02/2004 Doc # 4.4.5

4.4.3.4 Permanent Functional Impairment (PFI) – Industrial Disease (POL 08/86)

Document Date	14 February 1986
Purpose	To Establish Guidelines for Payment of PFI Awards on Industrial Disease Claims

BACKGROUND

1. No lump sum is payable "in respect of any worker who suffers a fatal injury."
2. Section 2(k) defines "injury" as including "any disablement arising out of and in the course of employment."
3. When this definition was introduced into the Act, the intent was that it would include work-caused diseases. Consequently, earlier reference to industrial disease was removed.

POLICY

1. Fatal injury includes death caused by industrial disease and where there is the probability the disease will eventually take a worker's life, no PFI lump sum can be payable.
2. Where a disease, usually regarded as life taking, shows no such inclination, a review of all potential life taking industrial disease cases should be undertaken one year from commencement of earnings loss or the date the claim was actually registered, whichever is later.
3. If at that time there is no indication of the disease taking the worker's life and the condition is stabilized, a PFI award may be made.

Act Sec #	67(4)
Effective Date	14 February 1986
Amended	
Application	All Industrial Disease Claims
Doc #	4.4.3.4
Supersedes	N/A
Complements	N/A

4.4.3.5 PFI - Allergies (POL 25/90) (Amended by ADM 04/2003)

Document Date 11 July 1990

Purpose To Establish Guidelines for PFI Awards on Allergy Claims

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BACKGROUND

1. Section 67 provides for a lump sum award to workers who suffer permanent functional impairment (PFI) from injury as determined by the Board pursuant to Section 22(1)(d).
2. The vast majority of PFI awards result from traumatic incidents.
3. However, some are the result of the worker reacting adversely to specific substances he/she has been exposed to during employment. The most typical examples are allergies, which manifest either as skin rashes or bronchial asthma.
4. Workers so affected often have neither signs nor symptoms after having been removed from contact with the offending substance for a period of time.
5. These workers, because they have suffered an immunologic change, that is, they have been rendered sensitized or allergic, have work environment restrictions in that they will experience recurrences of their symptoms with exposure to only minute quantities of the offending substance.
6. Yet other workers simply suffer irritation from work substances, that is, there is no immunologic change with complete recovery when removed from the source of irritation.

POLICY

1. The lump sum award provided for under Section 67 will be no less than $1100.00 nor more than $22,600.00 for decisions made prior to January 1, 2003, and for decisions made on or after January 1, 2003, not less than $2200 and not more than $45, 200.
2. Workers who have suffered an immunologic change are ruled to have Permanent Functional Impairment, but since they will have no objective findings, will be awarded the minimum sum provided for.

3. The workers who simply suffer irritation from work substances as in (6) above are ruled to have suffered no PFI and therefore no award is warranted.

PROCEDURE

The Medical Department is to be responsible for determining the degree of functional impairment in either case.

Act Sec #	67	
Effective Date	11 July 1990	
Amended	04 November 2003 – ADM 04/2003	
Application	All Allergy Claims	
Doc #	4.4.3.5	
Supersedes	POL 25/86	
Complements	POL 02/2004	Doc # 4.4.3.3
	POL 13/2003	Doc # 4.4.2.1

4.4.3.6 PFI - Raynaud's Phenomenon (POL 07/2000) (Amended by ADM 03/2003)

Document Date 10 August 2000

Purpose To Establish Guidelines for Assessing Raynaud's Phenomenon Resulting from PFI

DEFINITION

"Functional Impairment" means any adverse reaction in a worker as a result of work injury that interferes with the normal performance of the worker's body or mind.

"Raynaud's Phenomenon" is a syndrome (collection of symptoms) including pallor (whiteness), cyanosis (blueness) and rubor (redness) of the digits caused by abnormal responses of vascular smooth muscle to cold or emotional stress.

BACKGROUND

1. Section 67 provides for a lump sum award to workers who suffer permanent functional impairment from injury as determined by the Board pursuant to Section 22(1)(d). The lump sum award provided for under Section 67 will be no less than $1100.00 nor more than $22,600.00 for decisions made prior to January 1, 2003 and for decisions made on or after January 1, 2003, not less than $2200 and not more than $45, 200.
2. The vast majority of PFI awards result from traumatic incidents where there are measurable structural changes.
3. However, some injuries while not resulting in measurable structural changes may result in observable changes to the normal function of the worker's body. Symptoms may not be constant but the underlying syndrome is permanent.
4. Secondary Raynaud's Phenomenon may result from injuries such as traumatic vibration injury. Although the presentation of symptoms is varied, the syndrome is permanent.

POLICY

1. Where it is established that workers have developed Raynaud's Phenomenon as the result of work injury, but where Raynaud's Phenomenon results in symptoms but no loss of function, the worker will be granted an award for Permanent Functional

Impairment. The award shall be no greater than the minimum allowable under Section 67

2. Where the relationship between work injury and the development of Raynaud's Phenomenon can be established and where the condition results in permanent functional impairment (such as the amputation of fingers), then the worker shall be granted an award for Permanent Functional Impairment in accordance with the Board Policy for calculating such awards, either as an initial award or subsequent to item 1.
3. In accordance with the provisions of the General PFI Policy (POL 11/2003), any loss of function resulting from work-related Secondary Raynaud's Phenomenon will be determined to be an increase in the original impairment.

Act Sec #	67, 22(1)(d)	
Effective Date	01 September 2000	
Amended	05 November 2003 – ADM 03/2003	
Application	All Raynaud's Cases Resulting from Traumatic Injury	
Doc #	4.4.3.6	
Supersedes	N/A	
Complements	POL 02/2004	Doc # 4.4.3.3
	POL 25/90	Doc # 4.4.3.5
	PRO 13/2003	Doc # 4.4.2.1

4.4.3.7	**PFI - Hearing Loss (POL 01/2004)**
Document Date	26 January 2004
Purpose	To provide guidelines for Permanent Functional Impairment Awards for Occupationally Induced Hearing Loss.

DEFINITION

Decibel (dB) means a unit of measurement expressing the relative intensity (loudness) of sound.

Hertz (Hz) means a unit of frequency equal to one cycle per second and is related to the pitch of the sound.

Presbycusis is sensorineural hearing loss as a result of aging.

Sensorineural means hearing impairment due to damage to the cochlea (hair cells) or the cochlear (auditory) nerve.

Conductive hearing loss is due to a physical dysfunction of the sound collecting apparatus, either the bones or eardrum, but the auditory nerve is not affected.

Tinnitus is a subjective whistling, ringing, roaring or buzzing sound in the ear for which there is no objective measurement.

BACKGROUND

1. The purpose of this policy to provide guidelines for awarding Permanent Functional Impairment (PFI) for occupational hearing loss. The Saskatchewan Workers' Compensation Board Functional Impairment Rating Schedule, 1980 (PFI Rating Schedule), is to be used to establish the degree of that loss and the amount to be awarded.

2. The Saskatchewan Workers' Compensation Board (WCB) regards occupational hearing loss as an injury and not an occupational disease.

POLICY

1. Occupational hearing loss may be traumatic (acoustic trauma), noise induced, or both. The "date of injury" for noise induced hearing loss is the earlier of the dates the

worker initially sought medical attention for the condition, or reported to the WCB. For acoustic trauma, the actual date of the injury is to be used.

2. Traumatic hearing loss is usually sudden or acute and traceable to a specific work-related incident (e.g., exposure to a loud burst of sound, excessive pressure levels or injury such as basal skull fracture). The hearing impairment may be sensorineural, conductive or both.

3. In contrast, noise induced hearing loss is gradual and due to prolonged occupational exposure to excessive noise levels over a period of years (causing sensorineural impairment). To be eligible for an award, there must be evidence of continuous work exposure (without appropriate hearing protection) for two or more years at 85 dBs or greater for 8 hours/day (taking into consideration normal time away for rest breaks) and no non-work related causes are attributed to the loss. Actual noise readings at the work site are not essential provided confirmation of exposure from the employer, industry or other valid source is available to WCB.

4. Hearing loss, traumatic or noise induced, is considered for a PFI award when specialized testing verifies an average loss of 35 dBs measured over the four speech frequencies (500 Hz, 1000 Hz, 2000 Hz and 3000 Hz). A hearing loss averaging 80 dBs is considered to be a total loss of hearing.

5. No presbycusis factor will be deducted.

6. A possible side effect of hearing loss is tinnitus for which there are no objective findings. This condition will be considered for an award provided there is documented evidence acceptable to Medical Services that it has been long-standing, distressing, and continuous for at least two years.

7. All hearing loss claims are to be prorated to adjudicate only that portion of the claim caused by exposure in a Saskatchewan industry, except where reciprocal agreements exist with other jurisdictions.

8. PFI awards for hearing loss will not be considered when establishing entitlement to Independence Allowance.

Act Sec #	022, 183	
Effective Date	01 April 2004	
Amended		
Application	All hearing loss claims	
Doc #	4.4.3.7	
Supersedes	POL 35/91	
Complements	POL 39/80	Doc # 6.3
	POL 11/2003	Doc # 3.1.5.4
	PRO 11/2003	Doc # 3.1.4
	PRO 01/2004	Doc # 4.4.3

4.4.4 Annuities (POL 04/2003)

Document Date 13 May 2003

Purpose To Establish Guidelines for Providing Annuities

DEFINITION

The Act defines compensation under Section 2(c) as meaning compensation payable under this Act with respect to an injury. For the purposes of this section, eligible compensation that qualifies for the ten per cent to be set aside are the amounts paid to compensate for lost wages. This includes the compensation paid during training and work assessment.

BACKGROUND

1. Section 74(1) of *The Workers' Compensation Act, 1979* (the "Act") states where compensation is paid to a worker for a period exceeding twenty-four consecutive months, the board shall set aside an amount equal to ten per cent of the compensation paid and of the compensation as it is paid, and that amount together with accrued interest, shall be used to provide an annuity for the worker at age sixty-five. The provisions of Section 74 apply only to workers injured on or after January 1,1980.

2. Section 74(3) of the Act has been amended (Bill 72) such that where the amount set aside pursuant to 74(2) is less than $20,000, the worker may purchase an annuity or receive a lump sum, in lieu of an annuity, at age 65. Pursuant to Section 83(8), this also applies to a dependent spouse.

3. Section 83(2.1)(2.2)(4.1)(4.2) and (5) of the Act provides a dependent spouse who has been in receipt of eligible benefits under subsection 83 (1), (2) and/or (4), for a period exceeding 24 consecutive months, with an annuity at age 65. An amount equal to 10 percent of eligible benefits paid is set aside to provide for the annuity. The provisions of Section 83 apply only to fatality claims occurring on or after January 1, 1980, with ten per cent of eligible benefits being set aside from January 1, 1989.

4. The understood intent of these sections is to compensate for a reduction of or the total loss of retirement income caused by a work place injury.

POLICY

1. Compensation amounts for which 10 percent will be set aside are amounts that are paid directly to the worker, dependent spouse or third parties. Payment made to employers, though forming part of the eligibility to establish an annuity, will not form part of the 10 percent contribution, unless it is verified that contributions to an existing employer sponsored pension plan or to the Canada Pension Plan were not continued.

2. Eligibility for an annuity will be established when compensation is paid for any portion of a month in a twenty-four consecutive month period. This will include payment to the worker or dependent spouse, payment to the employer made on behalf of the worker and that made to third parties (i.e., Employment Insurance, Maintenance Enforcement or Canada Revenue Agency). However, where a suspension of benefits has occurred during this period, the qualifying period does not have to be contiguous. For example, if a suspension of three months occurs after 20 consecutive months of payment, the 21st month will be considered as that month where payment is made following the suspension.

3. The requirement that benefits for lost wages be paid in excess of 24 consecutive months is satisfied when any payment for lost wages is made in the 25th month or any subsequent month thereafter.

4. Where following injury a worker qualifies for an annuity, then returns to work and subsequently suffers a recurrence of the original injury, the qualifying period will already have been met. For example, if benefits were previously paid for 30 consecutive months, setting aside annuity amounts will resume the month the worker is again off work as a result of the original injury (considered the 31st month). If the qualifying period was not met prior to a return to work, eligibility for an annuity will be established when the worker is again in receipt of benefits for 24 consecutive months (as in Point 3 above).

5. When the qualifying period has been met, the worker or the dependent spouse is to be informed of the provisions of Section 74 (worker) and Section 83(2.1)(2.2)(4.1)(4.2) and (5) (dependent spouse).

6. The Act is silent on what is to become of the monies standing to the credit of the worker or dependent spouse should the client pass away prior to reaching 65 years of age. In these cases, the Board directs that the principal sum together with accrued interest be paid to the estate upon receipt of the death certificate. Under no circumstances is this to reduce benefits that may be payable to dependants should the worker's death be attributed to the injury for which he or she was being compensated.

7. The annuity amounts are to be set aside through the last day of the month in which the worker reaches age 65. The client will be given six months from official Board notification to purchase the annuity, with accrual of interest ceasing after the six-month period.

8. The estimated interest rate for the current year to be credited on the available funds is the net internally calculated yield the Board earned on its investment portfolio in the immediately preceding calendar year.

9. Estimated interest is to be calculated monthly on the principal amount standing to the credit of the annuity client at the end of the preceding month and accrued interest to December 31 of the preceding year.

10. Interest will start to accrue from the first day of the month in which the payment for the 25th month of the qualifying period is issued. Where retroactive adjustment of compensation benefits occurs (either up or down), interest will be (re)calculated retroactively beginning with the 25th month when interest on the annuity would normally have accrued, rather than the date payment of the additional annuity amount is issued.

11. Upon reaching age 65, the annuity client will be required to purchase a life annuity where the total for all claims is equal to or greater than $20,000. The annuity:
    a. Guarantees the return of principal, and
    b. Is payable from a non-registered fund.

12. In lieu of an annuity, clients or their dependent spouses qualifying under Section 74(3) or Section 83(2.1)(2.2)(4.1)(4.2) or (5), respectively, may choose a lump sum pay out of the accumulated principal and interest where the total for amounts set aside on all claims is less than $20,000, as of the last day of the month in which the client reaches age 65.

13. Upon evidence that the client has entered into a contract to purchase an annuity, the monies will be paid jointly to the client and the annuity provider/company.

14. In recognition of unusual circumstances where a life annuity would not appropriately meet the objective of replacing the client's lost pension, the Board will consider on an individual case-by-case basis, submissions made by the client to the Board. Submissions presented to the Board must contain the following:
    a. Confirmation that the alternate proposal involves the purchase of an " annuity" for purposes of providing retirement income.
    b. Detailed proposal of the alternate form of annuity indicating terms, conditions, and carrier.

c. The alternate form of annuity must:
   i. Guarantee return of the principal portion of the annuity, and
   ii. Be payable from a non-registered fund.

The Board's decision will be final and not subject to appeal.

Act Sec #	002(c), 074, and 083
Effective Date	01 January 2003
Amended	
Application	All injured workers and dependent spouses eligible for Annuity provisions
Doc #	4.4.4
Supersedes	POL 09/2002 – Annuities
Complements	PRO 04/2003 Doc # 4.4.4

4.5 Reduction, Suspension or Termination

4.5.1.1 **Suspension of Benefits (POL 04/2002)**

Document Date March 20, 2002

Purpose Establish guidelines for the suspension of benefits

DEFINITION

"Client" is defined as including both an injured worker and a dependent spouse.

"Good reason" is defined as circumstances or matters beyond the client's control. Such reasons are the type which would be accepted by an employer as a proper excuse for absence from work, and the duration of the absence would be in line with what an employer would accept, using Public Service Commission standards as a guideline. Examples of such reasons would be: illness, death in the family, significant family illness, severe weather limiting travel, etc.

BACKGROUND

1. Section 104 of the Workers' Compensation Act 1979 provides the board the authority to and identifies situations when to review, increase or decrease and suspend or terminate compensation benefits.

2. This policy **does not apply** to the effects of pregnancy or conditions related to pregnancy and their relationship to the receipt or suspension of compensation benefits.

3. Section 68 requires that compensation is paid for loss of earnings resulting from injury and Subsection 104(4)(a) provides for termination or reduction of payment where the worker's loss of earnings is not related to the effects of the injury. Subsections 83(4) and 104(5) state that subsection 104(4) also applies to dependent spouses with respect to determining their ongoing entitlement at the conclusion of their entitlement to a monthly allowance.

4. Subsections 104(4)(b)(i) and (ii) speak specifically to reduction or termination of benefits when "without good reason" the client declines or is unavailable for an offered job that is considered suitable for him/her, or fails to co-operate in, or is not available for, a medical or vocational rehabilitation program that is intended to help return him/her to productive employment.

5. Suspension of benefits should result, therefore, where loss of earnings is expected to be prolonged or increased as the result of a client's non-attendance or participation in a treatment or rehabilitation plan or program.

6. Where the client's non-attendance or participation is for "good reason", suspension of benefits need not be immediate, in order to allow the client reasonable time to deal with the circumstances and return to the program, and/or make arrangements for alternate sources of income.

POLICY

Suspension of benefits will occur in the manner prescribed for each of the following circumstances:

1. Suspension of benefits will occur in the manner prescribed for each of the following circumstances:
   a. Where, without good reason, the client refuses to attend or misses an appointment, refuses or fails to attend medical treatment or a rehabilitation program, or refuses to participate in rehabilitation planning, suspension of benefits will occur until the client attends the appointment, returns to treatment, or resumes an approved program or participation in rehabilitation planning.
   b. Where the missed appointment or failure to attend medical treatment or a rehabilitation program is with good reason, appropriate substantiation will generally be required. Payment will be provided from the date of disablement or inability to attend for a period up to four weeks, depending on the severity of the cause. This will provide opportunity for:
      i. the client to provide advice of the disablement to the WCB,
      ii. the WCB to advise the client of the consequences and the expectations of him/her, **and**
      iii. the client to apply for alternate income maintenance plans, such as employer sick leave and other private or government long or short term disability plans. When the client is able to resume treatment, attend appointments or resume an approved rehabilitation program following medical recovery or completion of programs or other interventions relating to the non-compensable condition, benefits will be reinstated.

2. Where it can be determined that the outcome of the claim would involve ongoing loss of earnings resulting from injury, and that loss would be there regardless of the missed appointment, treatment or program, payment will be made for that loss. Estimation and payment of what the earnings loss would be had the client continued with the program or medical treatment will occur during the suspension. Where this is unknown and will not be known until completion of the treatment or program, suspension of benefits will continue until the client returns to approved treatment or

programming. Interruption of a training program is a typical situation where estimation of loss would occur.

3. Where it can be determined that the non-attendance will neither increase nor prolong the loss of earnings, benefits will not be suspended. For example, a client with a leg in a cast for six weeks misses a check-up scheduled for the third week, the cast is eventually removed on time and there is no delay in recovery.
4. Costs for the period of payment of up to four weeks will be charged to the Second Injury Fund, as will additional costs incurred for cessation of a rehabilitation program.

Act Sec #	21.1(1), 22, 36, 37, 51.1, 58, 68, 83(4), 103, 104
Effective Date	01 May 2002
Amended	
Application	All claims
Doc #	4.5.1.1
Supersedes	POL 13/98
Complements	POL 05/2002 - Doc # 4.5.1.3

4.5.1.2 **Suspension - While Incarcerated (POL 05/94)**

Document Date 21 January 1994

Purpose To Establish Guidelines for Suspension of Compensation Payments While Incarcerated

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BACKGROUND

1. Section 104 (2) provides that the Board may suspend earnings loss compensation to an injured worker or a dependent spouse during any period that either is unavailable for employment for a cause unrelated to the injury for which such compensation is being awarded.
2. Incarceration renders a person unavailable for employment. If there is no obvious causal relationship between incarceration and the injury, Board members believe suspension of earnings loss benefits for the period of incarceration is warranted.

POLICY

1. Under the conditions outlined above, suspension of benefits is directed.
2. Incarceration is defined to include confinement to a correctional institute, confinement to a mental institution because of an offence, or being detained because of any immigration matter.
3. In cases where a causal relationship between the injury and incarceration is claimed, e.g. acts precipitated by addiction to drugs prescribed for injury, benefits are not to be disturbed. Claims of this nature will be adjudicated by Board Members.
4. Section 104 (3) permits the diversion of suspended or withheld compensation to dependents of the recipient or any other person or persons the Board considers advisable. Such cases will be adjudicated by Board Members.

Act Sec #	104(2), 104(3)	
Effective Date	04 June 1990 for Points 1 to 3 Inclusive 09 February 1994 for Point 4	
Amended		
Application	All Injuries On or After the Indicated Effective Dates	
Doc #	4.5.1.2	
Supersedes	POL 05/94	Doc # 4.5.1.2
Complements	POL 04/2002	Doc # 4.5.1.1

4.5.1.3 Suspension of Benefits – Pregnancy (POL 05/2002)

Document Date	20 March 2002
Purpose	Establish guidelines for the suspension of benefits involving pregnant workers.

BACKGROUND

1. Board policy POL 04/2002 establishes general guidelines for the suspension of benefits.
2. It is necessary to have a special suspension of benefits policy for those situations involving pregnant workers in order to ensure that workers' rights under the *Saskatchewan Human Rights Code* are respected.

POLICY

1. The payment of earnings loss benefits to a worker will not be suspended in circumstances where the worker's pregnancy, or health conditions related to the pregnancy, present a valid medical reason for:
   a. refusing or failing to take a medical or vocational rehabilitation program that is intended to help return her to productive employment, or;
   b. refusing or failing to attend medical or other appointments related to the treatment or rehabilitation of the worker's injury.
2. Notwithstanding the above, earnings loss benefits will not be paid to a worker in respect of those periods of time where her pregnancy, or conditions related to the pregnancy, are themselves of a nature which prevent the worker from returning to her employment.
3. The Case Manager will normally require a medical opinion or certificate to confirm a pregnant worker's medical condition.

Act Sec #	68, 104	
Effective Date	1 May 2002	
Amended		
Application	Pregnant injured workers	
Doc #	4.5.1.3	
Supersedes	N/A	
Complements	POL 04/2002	Doc # 4.5.1.1

4.5.2 Termination – Age 63 & Over, Age 65, and Retirement (POL 06/2001)

Document Date 15 July 2001

Purpose To Establish Guidelines For Payment

DEFINITION

"Not more than two full years" means the worker may be entitled to compensation for a total of 104 cumulative weeks of benefits (actual number of days of entitlement can vary depending on the work week established on the claim) from the commencement of the first earnings loss (FEL) date.

> Example:
>
> 104 weeks based on a five day work week would result in 520 days of compensation entitlement, while a 2 day work week would result in 208 days entitlement.

BACKGROUND

1. Section 68(2) of the *Workers' Compensation Act 1979* (The Act) directs the Board to provide payment of compensation benefits to a worker as long as the loss of earnings continues or until the worker attains the age of 65, whichever comes first.

2. Because Old Age Security, Guaranteed Income Supplement, and Canada Pension Retirement Benefits are generally not available until the end of the month in which a worker attains age 65, merit and justice dictates that compensation payments should be paid until then.

3. Section 71 of the Act extends special consideration to workers injured at 63 years of age or more, such that compensation may be provided for a period of not more than two years following the date of the commencement of the loss of earnings, which may extend the date of termination beyond the normal retirement age of 65.

4. The provisions under Section 74 are intended to lessen the impact to workers whose pension plan contributions have been interrupted while they are in receipt of compensation benefits for an extended period of time (in excess of 24 consecutive months), by providing an annuity to be paid at age 65.

POLICY

1. Workers Under Age 63
   a. Workers under age 63 at the time of injury are entitled to compensation benefits from the commencement of the loss of earnings for as long as the loss of earnings continues or until the end of the month in which the injured worker reaches age 65, whichever comes first.

   b. Those workers in receipt of benefits for a period exceeding 24 consecutive months are eligible for an annuity to be paid out at age 65.

2. Workers Age 63 and Over
   a. Workers 63 years of age or more at the time of injury are entitled to compensation benefits from the commencement of the first earnings loss (FEL) date for as long as the loss of earnings continues or for a period of not more than two full years, whichever comes first.

   Example:

   Where a worker injured at age 64 returns to work 52 weeks after the commencement of loss of earnings and suffers a recurrence a year later at age 66, the worker is entitled to the remaining 52 weeks of his total entitlement before benefits are terminated at age 67. However, had this same worker suffered an unrelated injury (rather than a recurrence), a new claim would be established and entitlement would be from the commencement of the loss of earnings for as long as the loss of earnings continued, or until the end of the two year period (104 weeks), whichever came first.

   b. Workers qualifying under Section 71 are not entitled to the annuity as they will not have been absent from the workforce in excess of 24 consecutive months (the qualifying period for the annuity) when they reach age 65.

3. Effects of Retirement
   a. For those workers referred to in Point 1 of the policy who retire before age 65, any retirement benefits are to be ignored and compensation benefits continued (as if the worker continued in employment) if there is evidence of physical impairment precluding the worker from undertaking pre-injury employment, until the end of the month in which the worker reaches age 65.

   Example:

   Where a worker injured at age 58 retires at age 60, compensation benefits will be paid from the commencement of earnings loss as long as the earnings loss continues or until the end of the month in which the worker reaches age 65, whichever comes first.

b. For those workers referred to in Point 2 of the policy who retire before the end of their two-year entitlement period, any retirement benefits are to be ignored and compensation benefits continued (as if the worker continued in employment) if there is evidence of physical impairment precluding the worker from undertaking pre-injury employment, until the end of the two year period.

   Example:

   Where a worker injured at age 64 retires at age 65, the Board will disregard this factor and compensation will be paid from the FEL date as long as the earnings loss continues or until the end of the two year period (age 66), whichever comes first.

Act Sec #	68(1), 68(2), 71, 74(1)	
Effective Date	01 August 2001	
Amended		
Application	All Claims	
Doc #	4.5.2	
Supersedes	POL 03/80	Doc # 4.5.2.2
	POL 29/85	Doc # 4.1.8.1
	POL 22/87	Doc # 4.1.8.2
Complements	N/A	

4.5.2.3	**Termination of Compensation Benefits - Notice (POL 08/2001)**
Document Date	24 September 2001
Purpose	Establish Guidelines for Providing Notice of Termination of Compensation Benefits

DEFINITION

For the purpose of this policy, "fit" means fully recovered from the work injury with no permanent physical or cognitive restrictions limiting the ability to resume pre-injury employment.

BACKGROUND

1. Section 104(4)(a) states that the Board may terminate or reduce payment to a worker of any compensation based on the worker's loss of earnings where the worker's loss of earnings is not related to the effects of the injury.
2. While compensation benefits are to be withdrawn when the effects of the injury are no longer the cause of the client's inability to work, consideration will be given to long-term clients who are declared fit, but who no longer have employment to return to when recovered from the injury.

POLICY

1. Where the worker no longer has employment to return to when declared fit for pre-injury employment, Operations staff will provide a minimum of two weeks written notice of termination for every 12 consecutive months a worker is in receipt of biweekly compensation benefits.
2. In addition to notification, Operations staff will refer workers to the Bridging Program for psychological or financial counseling to ease the transition to alternate sources of income.
3. Should a return to work occur prior to the expiry of the notification period, benefits will terminate at the earlier date.

Act Sec #	104(4)(a)
Effective Date	01 October 2001
Amended	

Application	All claims with benefits paid 12 consecutive months or longer, deemed "fit" but with no employment to return to
Doc #	4.5.2.3
Supersedes	POL 36/83
Complements	POL 11/2000 Doc # 4.5.3

4.5.3 Bridging Program (POL 11/2000)

Document Date 20 November 2000

Purpose To Establish a Program To Advise Clients of Alternative Financial Assistance

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DEFINITION

Entitlement Includes: Bi-weekly wage loss benefits, monthly long term earnings replacement, payment of medical expenses such as medical practitioner accounts, drug bills, and travel expenses.

Bridging Program is an informational program that advises clients about alternative financial assistance. It can also advise the client about psychosocial support should this be required.

BACKGROUND

1. The Board is responsible for the effects of a work injury. Thus, when the Claims Entitlement Specialist or Case Manager has determined that the work injury is no longer the cause of the client's inability to work, their Workers' Compensation entitlement is either withdrawn or reduced.
2. For some clients, these benefits may be the sole source of income for themselves and their families. Therefore, the client can be devastated financially, and psychologically, when this support is withdrawn.
3. While the Board cannot be financially responsible for paying benefits after fitness for work has been established, it wishes to advise the client of all options that may be available to them.

POLICY

1. The Chief Executive Officer is authorized to approve the development of an effective process for providing clients with a "Bridging Program".
2. Operations staff will ensure clients are aware that there maybe options for the worker to access:
    a. alternative financial support besides Workers' Compensation, before their entitlement ends, and

b. limited psychosocial assistance, should this be required.

Act Sec #	115, 117(j), 104(4), 83(4)
Effective Date	20 November 2000
Amended	
Application	Applies to all clients whose entitlement has been denied, reduced, or ends.
Doc #	4.5.3
Supersedes	N/A
Complements	PRO 103/2001 Doc # 7.2.15 PRO 11/2000 Doc # 4.5.3

5.0 BENEFITS TO DEPENDENTS

5.1 Payments to Dependents - Death not due to work injury (POL 22/80) (Amended by ADM 03/2000) 2
5.2 Return-to-Work Plan - Spouse (POL 06/2000) 4
5.3 Compensation to Dependent Spouse after Initial Entitlement (POL 11/91) 6
5.4 Family Support in Exceptional Circumstances (POL 11/2001) 7
5.5.3 Allowances – Educational (POL 03/97) (Amended by ADM 03/2000) 9

5.1 Payments to Dependents - Death not due to work injury (POL 22/80) (Amended by ADM 03/2000)

Document Date 16 January 1980

Purpose To Establish Guidelines for Payment to Dependents Where Death Is Not Due to a Work Injury

---

DEFINITION

Compensation means any earnings loss compensation.

A prolonged period of time immediately prior to the day of his death means 24 consecutive months.

BACKGROUND

Payments to dependents of a worker who dies while in receipt of compensation but whose death is not the result of the injury for which he is being compensated will be based on the following.

POLICY

1. Where death is not the result of injury for which a worker is being compensated:
   a. Section 97 Subsection (1) and (2) - The reference to Section 82 through 89 is intended to show that Subsections (1) and (2) only apply where death is not due to work injury. In cases where death is due to work injury, other sections and benefits apply.
   b. Section 97 Subsection (2) - While the discretionary monthly allowance cannot be paid beyond 12 months from the death of the worker, retraining assistance is not restricted to 12 months, but will be limited thereafter to the cost of books and tuition.
   c. Any claims for items not contemplated in 1(a) or 1(b) above will be subject to the approval of the Directors of Case Management.
   d. Dependents will not be referred to vocational rehabilitation assistance, unless they have been in receipt of a Personal Care Allowance.

Act Sec # 97
Effective Date 16 January 1980
Amended 12/95

	ADM 03/2000 -10 January 2000
Application	All Claims
Doc #	5.1
Supersedes	POL 35/85
Complements	

5.2 Return-to-Work Plan - Spouse (POL 06/2000)

Document Date 04 August 2000

Purpose To Establish Guidelines for Providing a Return-To-Work Plan for Dependent Spouses

DEFINITION

Return-to-work plan — a plan developed between the Vocational Rehabilitation Specialist (VRS) and the dependent spouse, in consultation with Case Managers, for the purpose of allowing the spouse to enter or advance in the labour force.

Subsection 104(5) says that 104(4) is to apply to dependent spouses "with any necessary modifications." The essential difference is that the spouse is not physically affected by the work injury. However, their ability to work may be affected in other ways by the loss of their spouse. Therefore, when determining the earning capacity of a dependent spouse, Case Managers must consider the spouse's health, age, education, location, transferable skills, and work experience, as well as any effects it is reasonable to conclude the fatality has had on their ability to work.

BACKGROUND

1. Subsections 83(1), (2) and (4) and 97(2) outline time frames for benefits to a dependent spouse.
2. Section 83(3) provides the Board with the authority to assist the dependent spouse with a return-to-work plan.
3. Organizational changes have created a case management system in which the Case Manager (CM) is responsible for all aspects of the claim. The CM will involve the VRS in the development of a return-to-work plan.
4. Subsections 104 (4) and (5) indicate the circumstances when it may be necessary to terminate or reduce benefits to a dependent spouse after their entitlement under Subsection 83(1) or (2) comes to an end. If the spouse has little or no earnings from employment, the amount by which benefits are to be reduced may be determined by estimating their earning capacity.

POLICY

1. No later than two years following the death, the VRS, at the request of the CM, will meet with the spouse in order to develop a return-to-work plan. This is particularly important when the spouse's entitlement is limited to five years under subsection 83(1). In such cases, the VRS should make clear to the spouse the importance of developing such a plan.

2. If, in accordance with subsection 83(2), the spouse's entitlement goes beyond five years, there may be less urgency to developing a complete return-to-work plan. However, the benefits of developing an early return-to-work program should be stressed to the spouse.

3. The CM is to be kept informed during the development of the return-to-work plan, as they will provide final approval. The objective of a return-to-work plan is to enable the spouse to either enter or advance in the labour force, and to mitigate their ongoing wage loss under subsection 83(4).

4. If the spouse's entitlement is limited under subsection 97(2) to one year, the CM will ask VRS to be involved as quickly as possible.

Act Sec #	83(1), 83(2), 83(3), 83(4), 97(2), 104(4), 104(5), 115	
Effective Date	01 September 2000	
Amended		
Application	All Dependent Spouses	
Doc #	5.2	
Supersedes	POL 38/85	
Complements	POL 11/91	Doc # 5.3
	POL 22/80	Doc # 5.1
	POL 04/2002	Doc # 4.5.1.1
	PRO 04/2002	Doc # 4.5.1

5.3 Compensation to Dependent Spouse after Initial Entitlement (POL 11/91)

Document Date	29 April 1991
Purpose	To Establish Guidelines for Estimating Earning Capacity of Dependent Spouse

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BACKGROUND

1. Section 83(4) provides that upon expiration of the initial period of entitlement as defined by subsection 83(1) and (2), that is five years when there are no dependent children and when there are dependent children until the youngest reaches age 16, age 18 if in full time attendance at school, the dependent spouse is entitled to receive additional consideration to age 65.
2. That is, 90% of the difference between the deceased partner's average weekly earnings at injury or death, indexed pursuant to section 69(2), and the earnings the dependent spouse is estimated to be capable of earning also indexed annually.

POLICY

1. The estimation of the dependent spouse's capacity to earn is to be undertaken at the expiration of the initial entitlement period defined in Sections 83(1) and (2) and thereafter, unless circumstances dictate otherwise, every three years as is the case with injured workers.
2. When estimating a dependent spouse's capacity to earn, health or any other factor that precludes the dependent spouse from entering the work force or impair his/her capacity to earn are not to reduce the dependent spouse's entitlement under this provision.

Act Sec #	83(4)
Effective Date	29 April 1991
Amended	
Application	All Dependent Spouses of Deceased Workers
Doc #	5.3
Supersedes	N/A
Complements	POL 06/2000 Doc # 5.2

5.4 **Family Support in Exceptional Circumstances (POL 11/2001)**

Document Date 30 November 2001

Purpose To Establish Guidelines on Providing Support to Dependents of an Injured Worker in Exceptional Circumstances

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DEFINITION

For the purpose of this policy, "extremely serious injury" includes, but is not limited to, injuries that result in quadriplegia, paraplegia, upper limb amputation, lower limb amputation, severe head injury or severe burns.

BACKGROUND

1. In the event of a worker suffering an extremely serious injury it is normal for the dependent family to attend the treating facility and remain with the worker immediately following the incident. Additional support, beyond wage loss benefits, needs to be provided to the worker's dependent family in an effort to reduce the short-term stress and hardship that may be caused as a result of their need to attend the treating facility.
2. In addition to travel, meals and accommodation, in some circumstances, the dependent family may require the services of a counseling professional to assist in coping with the situation.
3. It is important to establish baseline assistance that can be expected by the worker and their dependent family, while also ensuring that Operations has a sufficient amount of flexibility to respond adequately to the needs of the worker and the dependent family in all situations.

POLICY

1. Travel allowances (at current WCB rates) may be provided for the dependents of a worker who has experienced an extremely serious injury to attend the treating facility for a period of seven calendar days. Operations may determine it is reasonable to extend the following benefits to a person(s) who does not meet the dependent criteria, and/or extend the duration of benefits beyond seven days where individual circumstance warrant. The following allowances will apply:

   a. The most economical means of travel will be paid from the normal place of residence to the treating facility and return. Where the dependents live outside of Saskatchewan, but within Canada, return airfare is to be provided;
   b. Return transportation from the place of temporary accommodation to the treating facility twice per day;
   c. The per diem meal allowance;
   d. Accommodation;
   e. Reasonable long distance phone calls.

2. Up to six counseling sessions will be provided to each dependent of a worker to assist in coping with the emotional stress associated with a severe injury. Operations may provide additional sessions where the circumstances warrant. Where there is no counseling professional in the community where the dependent lives, mileage, meals and accommodation (at current WCB rates) will be provided from the dependents' normal place of residency to attend the nearest, suitable counseling professional.

3. Payment of childcare expenses for the dependent children of the injured worker will be provided where those expenses are extraordinary due to attending the treating facility.

4. Other support may be provided on a case-by-case basis where it is reasonable to do so. The basis for such support will be documented on the claim file.

Act Sec #	117(j)	
Effective Date	01 January 2002	
Amended		
Application	Dependent families of workers who have suffered an extremely serious injury.	
Doc #	5.4	
Supersedes	N/A	
Complements	POL 04/2000	Doc # 4.2.3
	PRO 04/2000	Doc # 4.2.3
	POL 07/2003	Doc # 4.3.2.1

5.5.3 **Allowances – Educational (POL 03/97) (Amended by ADM 03/2000)**

Document Date 18 July 1997

Purpose To Establish Guidelines for Education Allowances for Dependent Children

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DEFINITION

1. Section 2(s.1) defines secondary institution as follows: "post secondary institution includes a community college, institute, private vocational school, university, and any other educational institution that is not administered under The Education Act."
2. "Full time attendance" means taking at least 60% of a full-time instructional load for each semester or term as determined by the educational institution at which the student is enrolled, unless other wise specified.
3. The Board will interpret "any other educational institution that is not administered under The Education Act" to mean the normally thought of post secondary institution.
4. The Board will interpret "other required fees" to mean the fees usually charged by public educational institutions. It does not include such things purchase, lease or rental of machines, equipment, or vehicles; uniforms; residence on campus; club memberships; intramural or intramural activities; etc.
5. Where relevant, in the context of school term, "term" will be interpreted to mean semester.
6. “A maximum of three years” in Subsection 1.2 means a total of 36 months.

BACKGROUND

1. Section 85 provides educational allowances for dependent children at least 18 years of age and in full-time attendance at a secondary or post-secondary institution, and was amended effective 09 February 1994.
2. New subsections (1.1) and (1.2) provide as follows:

   (1.1) No amount is payable pursuant to subsection (1) after the later of:

   (a) the day on which the dependent child attains the age of 25 years; and

(b) the last month in the school term in which the dependent child's twenty-fifth birthday occurs.

(1.2) The amounts described in subsection (1) are payable for a maximum of three years.

3. The intent of the amendment is interpreted to maintain the three-year payment period provided for by the former legislation, but permit it to occur over any period of time until the dependent child reaches 25 years of age.
4. Subsection (1.4), also new, provides the Board with discretion to pay above the statutory monthly amount called for by subsection 85(1)(a) to an amount it considers fair and just.

POLICY

1. The Board approves the replacement of policy 06/94 by a new policy of this date. Policy will now define Definition 2 (Full time attendance), previously it contained a reference to The Education Act.
2. Section 2(s.1) is silent on whether the definition applies only to Saskatchewan located institutions. Application will be extended by the Board to out-of-Province institutions given the word "includes" and the fact that a dependent child of a fatally injured worker already enrolled in a post secondary education institution outside the province at the time of the fatality would be discriminated against.
3. Amounts awarded for Saskatchewan and other Canadian post secondary institutions will be for actual costs incurred unless specifically approved in advance.
4. Reasonable allowances may be awarded for schooling outside Canada, but may not exceed the maximum cost for similar or related programs at Canadian institutions.
5. Where the desired schooling is not available in Canada, reasonable allowances may be awarded.
6. Correspondence schools and training of any kind that falls outside Definitions 1 & 3 is a special case requiring managerial approval.
7. All requests for allowances must be supported by receipt and certification of attendance.
8. Cases under Clause 7 of background will be referred to Board Members, together with a recommendation from the Client Services Representative.

Act Sec #	2(s.1), 85
Effective Date	01 January 1997
Amended	ADM03/2000 - 10 January 2000
Application	All Dependent Children Over 18 Years of Age
Doc #	5.5.3
Supersedes	POL 06/94
Complements	PRO 19/96 Doc # 5.2

6.0 ADMINISTRATIVE GUIDELINES

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6.1 Investigations Policy - Repeal (POL 06/1999)

Document Date 08 March 1999

Purpose To Repeal the Investigations Policy

BACKGROUND

1. In considering policy and procedure relating to investigations, the Board has concluded that all aspects of this issue would be appropriately addressed in a procedure approved by the Chief Executive Officer.
2. A Board Decision is needed that will repeal previous policy and procedure.

POLICY

1. Policy and Procedure 38/78 (Adverse Information – Investigation) and Procedure 19/81 (Investigations) are hereby repealed.
2. The Chief Executive Officer is authorized to approve procedures with respect to investigations and file development by Board staff.

Act Sec #	22, 23, 24, 27
Effective Date	Immediately
Amended	
Application	All Files
Doc #	6.1
Supersedes	POL 38/78 PRO 19/81 PRO 38/78
Complements	N/A

6.3 Date of Injury (POL 39/80)

Document Date	25 February 1980
Purpose	To Establish Guidelines for Determining Date of Injury for Non-Traumatic Injuries

POLICY

In cases where entitlement exists under Workers' Compensation Acts prior to The Workers' Compensation Act, 1979 but is determined on or after 01 January 1980 and where injury is not traumatic in nature such as disease, the date of occurrence is to be deemed to be the date the worker initially sought medical care for the injury or the date the worker's injury was initially reported to the Board, whichever occurs first.

Act Sec #	183	
Effective Date	Immediate	
Amended		
Application	All Cases	
Doc #	6.3	
Supersedes	N/A	
Complements	POL 01/2004	Doc # 4.4.3.7
	POL 11/2003	Doc # 3.1.5.4

6.4	**Funding Policy (POL 01/2005)**
Document Date	31 December 2004
Purpose	To establish guidelines for the maintenance of a fully funded position.

BACKGROUND

1. Over the years, the funded status of the Saskatchewan Workers' Compensation Board (WCB) has fluctuated according to the operating surpluses or deficits of previous fiscal years. This instability in the funded status of the WCB was due, in part, to the absence of a funding policy. The Workers' Compensation Act, 1979 (the Act) requires that the WCB maintain a funded status although the extent of the reserves to be held by the Board is left to the discretion of the Board. The evolution of a formalized funding policy is a step towards meeting the requirements outlined in the Act.

2. The WCB established its first funding policy in 1997. At that time, a commitment was made to review and adjust the levels in the various reserves to better reflect actual and anticipated usage of these reserves.

3. Expenditures in 2001 were dramatically higher than in previous years. Because reserve levels were calculated using total expenses, the 2001 reserve levels were much higher than in previous years. It is believed that these higher levels did not reflect actual or anticipated usage of these reserves. Therefore, existing reserve levels will be maintained at 2000 levels.

4. The WCB has moved towards a premium setting methodology based on actuarial principles. This rate-setting model will actuarially determine the premiums needed in each rate code to fund the costs of injuries occurring in the subsequent year. A clear policy establishing the funding level requirements for the WCB is also an important

5. Changes in generally accepted accounting principles, as dictated by the Canadian Institute of Chartered Accountants, for the reporting of investments and investment income require the creation of a new fund within the equity of the WCB. According to these accounting principles, the statement of financial position is to represent investments held for sale at their market value at the year-end date. Investment income is to be recorded only as earned as opposed to the five year smoothing technique that has been used for several years previous. The resulting investment

income will continue to flow through the operating statement; however, the adjustment required to bring the investments to their market value is to flow through the accumulated surplus of the WCB. To accommodate this accounting requirement, a new fund will be established within the surplus to record the accumulated unrealized gains and losses resulting from the market value adjustment. This fund will be known as "Accumulated Market Value Adjustments". Parameters must be placed around this fund to clearly define its intended purpose.

POLICY

To maintain a funded status that is consistent with the statutory requirements of The Workers' Compensation Act, 1979, (the Act), it is requested that the Board approve the following elements for the maintenance of a fully funded position:

1. The Injury Fund will be maintained as the unappropriated accumulation of operating surpluses or deficits. However, to build and support long-term financial stability, the Injury Fund will contain a targeted balance equal to 15% of total expenditures to support years in which deficits occur.

2. The Disaster Reserve was created and will continue to provide all employers with cost relief in the event of a disaster. Additionally, this reserve will also cover costs that may arise from latent occupational diseases where exposure today may result in the establishment of a future claim. This reserve will be renamed the Disaster and Occupational Disease Reserve and will be set at 12% of total expenditures.

3. The Second Injury and Re-employment Reserve (Second Injury) was established to provide employers with cost relief on claims that were attributed to an earlier injury and to assist in facilitating return to work through retraining. Based on past utilization of this reserve, the Second Injury Reserve will be set at 3% of total expenditures.

4. The Economic Stabilization Reserve replaced the General Reserve to ensure sufficient funds are available to meet required benefit levels and to reduce the magnitude of fluctuations in the average premium rate. This reserve will be applied and replenished equitably across all rate codes and thus cross-subsidization will be kept to a minimum. The Board will determine the maximum amount of fluctuation that can occur in the average premium rate before this reserve is accessed. As a percentage of total expenditures, the Economic Stabilization Reserve will be set at 15%.

5. The Accumulated Market Value Adjustments fund is created to record the accumulated unrealized gains and losses on investments held at the year-end date. The balance of this fund will have no limit and will not be considered in the determination of the funded status of the WCB. Nor will the balance of this fund be

considered for purposes of determining premium rates or rebates and ought not be considered as available for benefit enhancements.

6. For the 2001 year and ensuing years, the amounts in the reserves will be frozen at 2000 levels.

Act Sec #	116, 118, 119, 135, and 144	
Effective Date	31 December 2004	
Amended		
Application	Injury Fund and Reserve levels, Industry Code Balances	
Doc #	6.4	
Supersedes	POL 03/2002	
Complements	POL 14/1999	Doc # 2.2.4
	POL 10/1999	Doc # 2.2.2

6.5 Determination of a Worker's Right to Bring Action (POL 26/95)

Document Date 16 October 1995

Purpose To Establish Guidelines for Determining If a Right of Action Exists

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BACKGROUND

Section 44 of The Workers' Compensation Act, 1979 bars certain types of action, and Section 166 – 168 give the Board exclusive jurisdiction to determine whether or not the right of action is taken away.

POLICY

1. In deciding any Section 168 application, all known parties will be given notice of the application, and any party may request a hearing.
2. Where the possibility of an action is raised, the Board Employee assigned responsibility will consider the issue and advise the claimant if he/she feels that, in their opinion, the facts available are likely to provide the basis for an action. The opinion must be qualified by indicating that it is an opinion only and is not a decision of the Board, and neither is it binding on the parties or the Board.
3. On the request of one or more of the parties, the Board is prepared to hold a hearing before actually making a decision.
4. If no reply is received within 30 days of the date of the Notice of Application, the Board will make a determination and advise the parties of the result.
5. All hearings will be conducted by Board Members.

Act Sec #	44, 166, 167, 168
Effective Date	01 January 1996
Amended	
Application	All Applicants Desiring to Bring an Action
Doc #	6.5
Supersedes	POL 50/82
Complements	N/A

6.6 **Return-to-work Plan, Layoff (POL 07/96)**

Document Date 01 April 1996

Purpose To Establish Guidelines for Determining Entitlement When Laid Off From Return-To-Work Plan

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DEFINITION

"Return-to-Work" in this context means suitable work within the medical limitations of an injured worker who has not yet fully recovered from his injuries, in not yet able to return to his original job, but who is capable of some form of employment.

BACKGROUND

Policy POL 08/96 (Doc # 8.1) outlines the WCB position on the Return-to-Work plan. Occasionally a lay-off occurs which affects not only the normal complement of workers, but also those who have returned to work on a Return-to-Work plan. These workers should not be totally free from the effects of economic conditions on workers in general.

POLICY

Where Return-to-Work plan employment is interrupted by a lay off, workers should receive workers' compensation rather than seek Unemployment Insurance under any one of the following circumstances:

1. If the worker's medical condition is such that he/she would be considered disabled except for the Return-to-Work plan employment, worker's compensation is payable
2. If the worker's physical restrictions are such that he/she would be unable to compete for alternate employment on relatively the same basis as the others affected by the lay-off, worker's compensation is payable.
3. If the worker has only recently returned via the Return-to-Work plan, without a fair test of time having shown he can, in fact, handle such duties, compensation is payable.

PROCEDURE

1. When fitness for work is at issue, the matter will be dealt with by Operations staff.

2. Where fitness for work is shown, but because of physical restrictions further assistance is necessary, The Vocational Rehabilitation Specialist will deal with the matter.

3. If laid off, the preference in pursuing Return-to-Work will be firstly with other employers within the rate code, and thereafter, anywhere else.

Act Sec #	68	
Effective Date	Immediately	
Amended		
Application	All Claimants on Return-to-Work Plans	
Doc #	6.6	
Supersedes	POL 06/84	
Complements	POL 08/96	Doc # 8.1

6.9 Calculation of Net Compensation Payable (POL 10/88)

Document Date 20 April 1988

Purpose To explain the calculation of Net Compensation

BACKGROUND

1. Section 68(1)(b) states that a worker who sustains an injury on or after this clause comes into force shall be compensated for his earnings loss "in an amount equal to 90% of that estimated loss."
2. Section 68(3)(b) states that net compensation shall be "his gross earnings from employment minus the probable deductions for "income tax, Canada Pension Plan, and unemployment insurance premiums payable by the worker.
3. Section 68(4) states "The board shall annually establish a schedule setting out a table of earnings for the purposes of clause (3)(b).
4. New tables must be calculated and published on each occasion where there is a legislated change on deductions either federally or provincially. This is a lengthy process based on information that is often not available in advance.

POLICY

For all legislated changes to the base calculations:

1. The Workers' Compensation Board will publish revised tables and incorporate them into the calculation of "net earnings loss" no later than 60 days following the effective date of legislation.
2. In the interim these calculations will continue to be based upon the published tables previously in force.

Act Sec #	68(3)(b), 68(4)
Effective Date	20 April 1988
Amended	
Application	All Future WCB Operations
Doc #	6.9
Supersedes	
Complements	PRO 50/2004 Doc # 6.12

6.10 Attachment of Compensation (POL 14/98)

Document Date 18 November 1998

Purpose To Establish Guidelines for Legal Attachments on Compensation

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BACKGROUND

The legal attachments on compensation due to injured workers that the Board now receives originate almost exclusively with, either Revenue Canada, Human Resources Development Canada, or the provincial Enforcement of Maintenance Orders Act. All are obligatory in nature.

POLICY

1. All attachments of compensation from Canada Revenue Agency, Human Resources Development Canada, or the provincial Enforcement of Maintenance Orders Act will be dealt with by the Operations staff, except as noted in (3) below.
2. Maintenance Orders issued under the Enforcement of Maintenance Orders Act are to be honoured according to their terms, except as noted in (3) below.
3. Where:
    a. Maintenance Orders requesting the pay out of an annuity are received, the request will be referred to the Board solicitor.
    b. Out of province Maintenance Orders are received, the Operations staff will advise the jurisdiction which wishes to have an Order enforced to obtain an Order from Saskatchewan through the reciprocal enforcement procedure.
    c. any attachment by Canada Revenue Agency or Human Resources Development Canada which will take more than 30% of the compensation being paid to the worker and the Operations staff believes a financial hardship will result or a vocational rehabilitation program will be jeopardized, the request is to be referred to the Board for consideration.
4. In all cases, the worker is to be encouraged to contact the indicated Board staff person about any questions on the attachment.

Act Sec # 165
Effective Date 18 November 1998
Amended

Application	All Attachments Of Compensation Payments
Doc #	6.10
Supersedes	POL 11/94 PRO 11/94
Complements	

6.11 **Benefit of Doubt, Application (POL 04/1999)**

Document Date 04 March 1999

Purpose To Establish the Basis on Which Decision Will Be Made

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DEFINITION

1. "Decision" means, generally, any decision made pursuant to the Act, but especially:
   a. Decisions regarding claim acceptance, a worker's benefits, medical care payments, return to work assistance, and other entitlements under the Act; and
   b. Decisions regarding an employer's cost experience or other assessment matters, such as classification, assessable payroll, audits and collections.

BACKGROUND

1. Section 22 of The Workers' Compensation Act, 1979 gives the Board exclusive jurisdiction to examine, hear and determine all matters arising under the Act, including such things as, acceptance and management of a claim, whether a worker or industry is within the scope of the Act, and to what class an industry is to be assigned.

2. Section 25 establishes the principles of "merits and justice" and "benefit of doubt" with respect to decisions by the Board, as follows:

   25 (1) A decision of the board shall be upon the real merits and justice of the case and it is not bound to follow any legal precedent.

   (2) Where the evidence in support of the opposite sides of an issue is approximately equal, the board shall resolve the issue in favour of the worker.

3. There are situations where the benefit of doubt could also be given to the dependents of a deceased worker, and, when an issue pertains exclusively to employer account matters, to an employer or a person applying for status as an employer within the scope of the Act.

4. Section 49 requires that the Board provide a written explanation to a claimant when a decision is made that is not in their favour.

POLICY

1. Decisions shall be made on the real merits and justice of a case. Although precedent may be helpful, decisions are not bound to follow any legal precedent.
2. When staff make decisions regarding client files, employer accounts or any matter governed by the Act, they are to ensure, to the extent that it is possible and reasonable to do so, that they have gathered and considered sufficient evidence relevant to both sides of an issue.
3. Where there are Board policy directive(s) that have a bearing on an issue, the gathering of information and the consideration given to the evidence shall be consistent with the policy directive.
4. The benefit of doubt will be given to the worker when the evidence in support of opposite sides of an issue is approximately equal. That is, the issue shall be resolved in the worker's favour. In this context, uncertainty about the facts does not constitute doubt, if it remains possible and reasonable to gather additional relevant evidence.
5. Benefit of doubt will similarly be given to the dependent(s) of a deceased worker, when the evidence in support of both sides of any issue relating to their entitlement under the Act is approximately equal.
6. For issues that are exclusive to an employer account file--that is, have no affect on a worker's or dependent's entitlement--benefit of doubt will be given to the employer or, as the case may be, an applicant for employer status under the Act, when the evidence in support of both sides of an issue is approximately equal. Examples of this type of decision would include opening an employer account, and employer classification decisions.
7. Decisions shall be clearly recorded in the appropriate file(s) of the Board, and communicated in an appropriate manner to all affected parties. That is, whatever verbal discussions may occur regarding a particular decision, the normal requirement will be for the decision to be communicated in writing.
8. Communications regarding a straightforward and uncontested decision that is in favour of the person making the request or claim, need not contain detailed explanations of the reasons for the decision, unless this is requested by one of the affected parties.
9. Communications regarding
   a. A decision that is:

   i. not in favour of the person making the request or claim;
   ii. in favour of the person making the request or claim, but based on benefit of doubt; or
   iii. in favour of the person making the request or claim, but where objections had been raised, or some development or other investigation had been required in order to resolve the issue;

b. Shall include, where relevant, the following elements:
   i. the reasons for the decision, and if it involved giving the benefit of doubt;
   ii. the evidence that was considered on both sides of the issue;
   iii. the weighting given to the evidence, and the reasons for the weighting; and
   iv. reference to any Board policies or sections of the Act that had a specific bearing on the issue.

Act Sec #	22, 25, 49, 2(s.02)	
Effective Date	01 February 1999	
Amended		
Application	Staff who have contact with or make decisions regarding entitlement or standing under the Act of workers, dependents or employers.	
Doc #	6.11	
Supersedes	POL 12/94	
Complements	POL 03/96	Doc # 9.2
	POL 06/1999	Doc # 6.1
	POL 13/2003	Doc # 4.4.3.2
	PRO 37/85	Doc # 6.1.2
	PRO 13/91	Doc # 9.1
	PRO 03/96	Doc # 9.2
	PRO 04/1999	Doc # 6.9

6.12 Pre-Existing Conditions – Section 50 (POL 01/2000)

Document Date 03 April 2000

Purpose To Establish Guidelines for Claims Where Pre-Existing Conditions Exist

DEFINITION

Following a work injury, the word "**aggravation**" is used in connection with a pre-existing condition, when it is established that the work injury caused a **temporary** worsening of the pre-existing condition.

"**Acceleration**" is also used in connection with a pre-existing condition, following a work injury, when there is usually medical evidence, such as MRI, CT scan, EMG, EEG, etc., to indicate that the work injury has worsened or advanced the pre-existent pathological process causing **permanent** damage.

BACKGROUND

1. Section 50 of *The Workers' Compensation Act, 1979* (the Act) prevents the denial of work injury claims or a reduction in compensation simply because there is evidence that the worker had a physical or psychological condition prior to the work injury. Section 50 reads:

   > "The Board shall not reject the claim of a worker or a dependent for compensation or reduce the amount of compensation payable by reason of a pre-existing condition of the worker if the injury materially aggravates or accelerates the pre-existing condition to produce a loss of earnings or death."

2. The Act's definition of "injury" (Section 2(k)) specifies that an injury means certain acts, events or disablements which "[arise] out of and in the course of employment".

3. According to Sections 28 and 106, every worker who suffers a work injury is eligible for compensation and medical aid.

4. Under Section 22, the board has exclusive jurisdiction to determine all matters arising under the Act, and specifically such matters as whether a disability or death was caused by an injury, whether an injury has arisen out of and in the course of employment, and the existence, degree and permanence of any functional impairment resulting from an injury. The board must, therefore, in all cases, and regardless of whether there is a pre-existing condition, determine whether a work

injury has occurred, the nature of that injury and its effects, including whether and for how long there is a loss of earnings. Also, the board is responsible for providing appropriate medical aid and rehabilitation following a work injury.

POLICY

1. Pursuant to Section 50, a work injury claim will not be denied nor compensation reduced simply because of evidence that the worker had a physical or psychological condition prior to the work injury. Section 50, however, does not extend coverage beyond the effects of a work injury. Accordingly, the board has no responsibility for disablement or other effects arising solely from a pre-existing condition.
2. In the application of Section 50, Operations staff must determine the answer to a number of questions of medical fact:
    a. the extent of the work injury, which is essentially a matter of diagnosis,
    b. whether or not the worker has recovered from the work injury, and
    c. whether and to what extent a pre-existing condition has been aggravated or accelerated by the work injury.
3. Investigation of all available information regarding the pre-existing condition is essential, and should be completed as quickly as possible after learning there is a pre-existing condition which may affect the course of recovery from the work injury. Particular attention will be paid to:
    a. any history of prior problems in the same or nearby areas as the work injury,
    b. the effect(s) of any pre-existing condition on the worker's function leading up to the work injury (i.e., pre-injury status), and
    c. relevant medical reports regarding such problems and effects.
4. If the work injury results in an **aggravation** of the pre-existing condition, the board's liability for earnings loss, medical treatment or other benefits or services available under the Act ends when the worker has recovered from the effects of the work injury. See examples under 7, below.
5. If the work injury results in an **acceleration** of the pre-existing condition, the board will be liable for whatever earnings loss the worker may have, and whatever medical treatment, rehabilitation or other benefits and services the worker may need under the Act as a result of the acceleration. See examples under 8, below.
6. Claims involving a pre-existing condition should be considered for cost relief under the Second Injury and Re-employment Reserve policy.

7. Examples of **aggravations** of pre-existing conditions:
    a. A worker has had previous shoulder dislocations. He dislocates his shoulder as the result of a work injury. The worker undergoes conservative treatment resulting in full recovery from the work injury dislocation. WCB is responsible only for the temporary worsening of the worker's shoulder condition, and has no liability for treatment of subsequent dislocations unless they are caused by work injuries. Partial cost relief may apply, but only if it can be shown that recovery to pre-work injury status took longer than likely would have been the case without the previous dislocations.
    b. A worker with asthma encounters an irritant in the workplace that produces asthmatic symptoms necessitating time off work. The worker recovers within a few days of being removed from the workplace irritant, and is fit to return to regular work where the irritant is no longer present. WCB is responsible only for the temporary worsening of the worker's asthma, and not for the asthma itself. Therefore, liability ends when the worker recovers from the workplace exposure. It is unlikely that cost relief would apply.
8. Examples of **accelerations** of pre-existing conditions:
    a. A worker has had previous shoulder dislocations, as in 7.a, above. She dislocates her shoulder as the result of a work injury. Medical treatment following the work injury includes surgery that was not necessary before the work injury, resulting, in most cases, in a permanent change to the shoulder. Cost relief would be considered, especially if it can be determined that the surgery was necessary at least partly because of the previous dislocations.
    b. A worker with degenerative disc disease in the lumbar spine has a work injury that causes a lumbar disc herniation resulting in permanent restrictions and the need for accommodated or alternate employment. In most cases, this type of work injury will have accelerated this type of pre-existing condition, and WCB is liable for any loss of earnings, medical treatment, rehabilitation, etc. that results. Cost relief would be considered where it can be determined that the underlying disc disease prolonged recovery, increased disability or contributed to the need for surgery.
    c. A worker with asthma encounters an irritant in the workplace that produces symptoms necessitating time off work. The worker does not recover fully after being removed from the workplace irritant, and subsequent medical findings confirm a permanent worsening of the worker's asthma as a result of the workplace exposure. The workplace exposure has accelerated the pre-existing asthma, and WCB is liable for any loss of earnings, medical treatment, rehabilitation, etc. that results. Partial cost relief would apply in most cases.

9. Examples of the combined effects of pre-existing conditions and work injuries that involve **neither** aggravation nor acceleration:

   a. A worker with non-work related loss of sight in one eye suffers loss of sight to the other eye in a work injury. There is no aggravation or acceleration of the previous condition, but the work injury has enhanced the effects of the pre-existing condition and vice versa, and WCB is liable for loss of earnings, rehabilitation, etc. resulting from the total loss of vision. Partial cost relief would apply.

   b. A worker with degenerative disc disease in the lumbar spine, has a work injury that is diagnosed as a low back strain and treated conservatively resulting in full recovery from the strain, with no evidence that the disc disease has been worsened by the back strain. The work injury resulted in the introduction of low back pain, but has neither aggravated nor accelerated the pre-existing pathology. WCB liability ends when the worker recovers from the strain. Partial cost relief may apply, but only if it can be shown that recovery from the strain was prolonged by the presence of disc disease.

Act Sec #	2(k), 22, 28, 32, 50, 106	
Effective Date	01 May 2000	
Amended		
Application	All Claims Where There Is A Pre-Existing Condition	
Doc #	6.12	
Supersedes	POL 17/94	
Complements	POL 21/94	Doc # 7.0.3
	POL 04/1999	Doc # 6.11
	POL 14/1999	Doc # 2.2.4
	PRO 37/86	Doc # 3.1.3
	PRO 21/94	Doc # 7.1.2
	POL 13/2001	Doc # 4.4.2.1
	PRO 04/1999	Doc # 6.9
	PRO 06/1999	Doc # 6.1.1
	PRO 11/2003	Doc # 3.1.4
	PRO 01/2000	Doc # 6.4
	POL 13/2003	Doc # 4.4.3.2
	PRO 13/2003	Doc # 4.4.2.1
	POL 11/2003	Doc # 3.1.5.4
	PRO 11/2003	Doc # 3.1.4
	POL 04/2004	Doc # 3.1.5.2

6.13 Voluntary Relocation Outside Canada (POL 22/95) (Amended by 14/96)

Document Date 02 September 1995

Purpose To Establish Guidelines for Claims Where a Worker or Dependent Spouse Voluntarily Relocates to Residence Outside Canada

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BACKGROUND

1. The approximate caseload of the WCB with respect to workers residing outside Canada is 32 cases, representing disbursements of $310,000 annually
2. A recent Quality Assessment of some claims where an injured worker or spouse is residing outside Canada following an injury has revealed inconsistent payment and case management, and many administrative problems. Although some policy and legislation applies to such situations, these are generally not followed or used.

POLICY

1. The following guidelines to assist in the management of claims where a worker or dependent spouse voluntarily moves his or her residence outside of Canada are hereby approved:
2. The Initial Communication to all injured workers or dependent spouses will be amended to include:
   a. notice that they must notify the WCB if they plan to reside outside Canada
   b. information on the effect the move may have on benefit entitlement.
3. Incorporation of a third party verification process to coincide with the annual review. This will include verification of the place of residence and the competency of the individual.
4. Establishment of criteria for the following aspects of Claims Management where a worker becomes resident out-of-Canada following an injury:
   a. Method of payment will not be through electronic funds transfer; alternate payment arrangements will be made where administrative issues arise.
   b. Currency of benefit remittance to be in Canadian dollars.

c. Re-estimation of earnings capacity for those in receipt of Long Term Earnings Replacement, with annual reviews thereafter on the anniversary date.

d. Rate for reimbursement of medical expenses associated with the claim no more than Saskatchewan rates and paid in Canadian dollars.

e. Travel expenses to be paid as stipulated in Policy 13/93 or its successor in an amount no greater than it would be had the worker remained in Saskatchewan.

f. Suspension or termination of benefits to be authorized if, as a result of moving during active medical treatment or rehabilitation plans, these services are disrupted.

g. Where a medical or vocational plan was not identified prior to a move, the CSR, Medical Consultant, and Extended Services personnel to meet to define a plan which should have been followed in Canada.

h. All translations necessary for the management of the case to be paid by the worker or spouse.

i. Reimbursement for tuition and books for dependent children shall be considered as if they had remained in Saskatchewan as stated in Policy #15/90, or its successor.

Act Sec #	37, 57, 58, 104(4), 106(2)	
Effective Date	01 October 1995	
Amended	14/96	
Application	All Claims	
Doc #	6.13	
Supersedes	POL 25/81	
Complements	PRO 22/95	Doc # 6.7

6.14 Amend Status of Existing Policies and Approve New Procedure Manual (POL 10/96)

Document Date 01 April 1996

Purpose To Approve the Change in Status of Various Policies on Adoption of the New Board Policy Manual, and Authorize the Creation of a New Board Procedure Manual

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BACKGROUND

1. The Board has directed that the existing policy manual be rewritten to reflect changes in individual policies since the first manual was issued, to recast the manual so as to be more understandable, to make the wording more gender neutral, to organize the manual so as to be more user friendly, and to prepare the manual for computer insertion.
2. The process of rewriting, and the approval process built into the rewrite procedures, led to the identification of a number of policies which for various reasons should not have been classified as policies, others which were out of date because of organizational and personnel changes, yet others which were a mixture of policy and procedure, and finally those that the Board felt no longer were congruent with their intentions.
3. In addition, the interview process which was an inherent part of the rewrite process led to the identification by staff, management, and the Board of a number of policies which were not conducive to the efficient operation of the Board, no longer reflected current practice, or justified change on the basis of equity.
4. The combined impact of these factors has led to the noted changes in individual policy documents which will be implemented concurrent with the official adoption and release of the new policy manual, and repeal and recall of the old manual.

POLICY

The Board hereby approves:

1. The creation of a new Board Procedure Manual.
2. The change in status of the Policies listed in Schedules 1 through 4, in the manner noted, for the reasons listed, such schedules forming part of this decision. Such changes will all become effective on the day the new policy manual is officially

adopted and released, and the old manual repealed and recalled, or on 01 January 1996, whichever is later.

a. Schedule 1 - Policies down rated to Procedures.
b. Schedule 2 - Policies split into separate Policy and Procedure documents
c. Schedule 3 - Policies Repealed
d. Schedule 4 - Policies amended, whether renumbered or not.

ATTACHED

Schedules 1, 2, 3 and 4

Act Sec #	21.1(2), 22	
Effective Date	On official adoption and release of the new Board Policy Manual or 01 January 1996, whichever is later.	
Amended		
Application	General	
Doc #	6.14	
Supersedes	POL 29/95	
Complements	POL 11/96	Doc # 6.15

Schedule 1 – Policies To Be Downrated to Procedures

38/76	Purely Procedure
14/77	"
19/81	"
30/81	"
37/85	"
37/86	"
46/86	"
23/87	"
39/87	"
26/89	"
02/91	"
03/91	Medical Rates
20/91	"
22/92	"
34/92	Purely Procedure
02/93	Medical Rates
03/93	"
08/94	"
19/94	"
22/94	"
01/95	"
02/95	"
03/95	"
04/95	"

Schedule 2 – Policies To Be Divided Into Existing Policies and Procedures

31/72

03/78

38/78

22/80

57/80

28/81

17/82

29/82

34/82

42/82

24/83

47/83

50/83

01/84

12/85

46/86

15/87

21/87

11/90

27/90

13/91

17/91

35/91

36/91

06/93

13/93

09/94

11/94

13/94

13/94

15/94

17/94

Schedule 3 – Policies To Be Repealed For Reasons Noted

14/72	Repealed by 17/94
15/73	Repealed by 09/94
18/73	Repealed by 09/94
21/73	Repealed by POL 27/95
18/74	Repealed by 01/87
41/74	Definition Only, Incorporated into 06/94
20/75	Repealed by 13/86
23/75	Repealed by 17/94
01/79	Repealed by 15/94
34/79	Repealed by 36/91
30/80	Underlying Section of Act Repealed
31/80 Procedure	Repealed by 30/81, in turn down-rated to Admin
35/80	Repealed by 34/82
21/81	Repealed by 17/82
23/81	Repealed by 25/82
25/81	Repealed by 22/95
27/81	Repealed by 17/94
15/82	Integrated into 29/82
50/82	Repealed by POL 26/95
53/82	Repealed by POL 23/95
32/83	Repealed by 45/86, in turn repealed by POL 23/95
01/84	Repealed by POL 08/96

02/84	Repealed by 15/94
03/84	No Longer Required
06/84	Repealed by POL 07/96
03/85	Underlying Section of Act Changed
27/85	Underlying Section of Act Repealed
28/85	Repealed by 12/93, in turn repealed by 01/94
35/85	Integrated into 22/80
42/86	Repealed by POL 25/95
45/86	Repealed by POL 23/95
47/86	Subject Employer no longer exists.
10/87	Repealed by 05/94
16/87	Repealed by 13/93
17/87	Repealed by POL 12/96
19/87	Repealed by 36/91
11/88	Repealed by 36/91
12/88	Repealed by 36/91
13/88	Repealed by 36/91
35/88	Redundant
10/89	Repealed by 36/91
17/89	Repealed by 15/94
14/90	Incorporated into 06/94
15/90	Incorporated into 06/94
20/90	Repealed by 05/94

24/90	Repealed by 03/91
15/91	Repealed and Down-rated by ADM24/95
23/91	Repealed by POL 03/96
33/91	Repealed by 17/94
34/91	Integrated into 29/94
19/92	Repealed by 19/94
20/92	Repealed by 03/93
31/92	Repealed by 22/94
07/93	Repealed by 03/95
12/93	Repealed by 01/94
29/93	Integrated into 29/94
07/94	Repealed by 02/95

Schedule 4 – Amended Policies

06/78

01/80

22/80

11/90

23/91

02/92

13/93

06/94

15/94

17/94

29/94

22/95

POL 03/96

POL 05/96

POL 06/96

POL 07/96

POL 08/96

POL 09/96

POL 10/96

POL 11/96

POL 12/96

6.15 **Approval & Issuance of new Board Policy Manual (POL 11/96)**

Document Date 01 April 1996

Purpose To Approve and Authorize the Issuance of the New Board Policy Manual

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BACKGROUND

1. The Board Policy Manual in circulation and used up to this date has been found to require an update to reflect the current philosophy, culture, language, practice and organization of the current Board. Consequently, such update was commenced in February 1995 and completed in November 1995. The new manual had previously been approved by POL 30/95 on 02 November 1996 but was never circulated.

2. The approval and issuance of the new manual, accompanied by the repeal and withdrawal from circulation of the old manual is now specifically authorized and directed.

POLICY

1. Pursuant to Section 22 of The Workers' Compensation Act, 1979 the Board hereby approves the creation of a new Board Policy Manual.

2. Except as otherwise provided in the new manual, or by decision of the Board, all previous policies as they existed at the time when a decision was made will continue to apply with respect to injuries and adjudication that occurred before the effective date of the new manual. The previous manual and policies are otherwise revoked and are not to be used or applied on or after the effective date of the new manual.

3. On and after the effective date of this new manual, all ongoing adjudication of existing and/or new claims will be undertaken in a manner consistent with the new policy manual, subject to such exceptions as may be required by the justice and merits of each case.

4. The effective date of the new Board Policy Manual shall be 01 April 1996.

Act Sec #	22
Effective Date	01 April 1996
Amended	
Application	All Holders and Users of the Board Policy Manual

Doc #	6.15	
Supersedes	POL 30/95	
Complements	POL 10/96	Doc # 6.14

6.16 Verification of Earnings (POL 19/98)

Document Date 16 November 1998

Purpose To Establish Guidelines for the Verification of Earnings

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DEFINITION

Long-term earnings replacement is payment issued when:

1. a worker is in receipt of wage loss benefits for a period in excess of 12 consecutive months or;
2. a worker is unable to return to pre-injury employment and wage loss benefits are paid on a monthly basis versus the bi-weekly method used to pay short term loss or;
3. a dependant spouse is in receipt of benefits under Section 83(4).

BACKGROUND

The inception of a wage loss system on January 1, 1980 has required on-going review of a client's actual or estimated earnings where he/she is provided compensation for earnings loss resulting from an injury. A review of a number of files having wage loss benefits paid identified differences between the information used to determine entitlement and that actually earned or reported by the client. These findings justify the need for a verification process to be implemented.

POLICY

1. When a worker or dependant spouse is in receipt of long term earnings replacement, an annual verification of earnings will take place. The exemption status and whether Canada Pension Plan benefits are received will also be verified.
2. The verification will be completed to ensure information used for the purpose of calculating compensation entitlement is reflective of the actual or estimated earnings of a worker or dependant spouse. The verification will be completed on an annual basis or until the information reported by all workers and dependant spouses closely reflects earnings used for compensation purposes. When this occurs, verification must be completed on each claim at least once every three years.
3. Information from Canada Revenue Agency will be used for this purpose; however, if proof of total earnings from all sources can be provided through alternate means,

this may be used. Operations staff will determine the method of verification and where there is non-compliance to the request or consent for information, will have the discretion to determine the compensation payable without such verification.

Act Sec #	22, 27, 45, 68, 83(4)	
Effective Date	01 December 1998	
Amended		
Application	All Claims Where Long Term Earnings Replacement Is Paid	
Doc #	6.16	
Supersedes	N/A	
Complements	POL 27/90	Doc # 4.1.5.3
	PRO 19/98	Doc # 6.8

6.17 Interjurisdictional Agreement on Workers' Compensation (POL 12/2000)

Document Date 01 December 2000

Purpose To Establish an Inter-jurisdictional Agreement on Workers' Compensation

BACKGROUND

1. Section 34 allows the Workers' Compensation Board to enter into an agreement with another jurisdiction to provide compensation to workers or their dependents where work is performed partly within Saskatchewan and partly in another province or territory. These agreements allow the worker or dependents to receive benefits either in Saskatchewan or another jurisdiction.
2. Section 36 requires a worker or dependent to elect to claim compensation in Saskatchewan or another jurisdiction where the injury has occurred outside of Saskatchewan.
3. In 1993 a pilot agreement was entered into with all Canadian jurisdictions, except Quebec, which entered in 1995.

POLICY

1. The board approves the continuing participation in *The Inter-jurisdictional Agreement on Workers' Compensation* (IJA), with the exception of Appendices D, E and F which relate to the Alternate Assessment Procedure for the Inter-jurisdictional Trucking Industry.
2. Participation in the IJA will not negate the application of Section 40 which subrogates all rights of recovery to the Workers' Compensation Board. Action to recover amounts of compensation paid will be pursued prior to seeking reimbursement from other jurisdictions as required under the Agreement.

ATTACHMENTS

The Inter-jurisdictional Agreement of Workers' Compensation

Act Sec # 34, 36, 40
Effective Date 01 December 2000
Amended

Application All Claims
Doc # 6.17
Supersedes
Complements

6.18 Out of Province Employers – Coverage within Saskatchewan (POL 07/2002)

Document Date July 29, 2002

Purpose To Establish Guidelines for Out-of-Province Employers (Incidental Incursions)

DEFINITION

Incidental means out-of-province workers come into Saskatchewan two or less times per year or for a duration of four or less consecutive days.

Principal means the employer in a mandatory industry in Saskatchewan who contracts for service with an out-of-province employer (contractor).

Employer is defined as any person, corporation, firm, association or body having in its service any worker engaged in any work in, about or in connection with an industry.

Worker means a person who has entered into or works under a contract of service or apprenticeship, written or oral, whether by manual labour or otherwise, and any other person not otherwise coming within this definition who is deemed to be a worker under the Act.

BACKGROUND

1. When employers based outside of Saskatchewan require their employees to travel into Saskatchewan, either as part of the employer's operations in another province or solely for the purpose of operating a portion of their business activities in Saskatchewan, clarification is needed as to when or in what circumstances the employer and their employees become subject to *The Workers' Compensation Act, 1979* (the Act) of Saskatchewan.

2. The Saskatchewan Workers' Compensation Board (the Board) has exclusive jurisdiction under Section 22 of the Act to determine all matters and questions arising under the Act, including under 22(1)(h) whether any industry is within the scope of the Act and under 22(1)(i) whether any worker is within the scope of the Act.

3. "Industry" is defined in Section 2(1)(j) as "an industry to which this Act applies and includes establishment, undertaking, trade and business."

4. Section 3(1) makes application of the Act mandatory to all "employers and workers engaged in, about or in connection with any industry in Saskatchewan", except industries that are specifically excluded. It is necessary for assessment and injury coverage purposes, to determine whether an out-of-province employer is carrying on business in a mandatory Saskatchewan industry and therefore, is required to register and pay premiums to the Board.

5. Section 28 states: "Where, in an industry, a worker suffers an injury, he is entitled to compensation which shall be paid by the board out of the fund."

6. Employers required to register with the Board who are in default of submitting a statement of payroll or paying assessments to the Board, shall be subject to the penalties set out under Section 153 of the Act, and Sections 3, 4, 5 and 8 of *The Workers' Compensation General Regulations, 1985* (the Regulations).

POLICY

Mandatory Coverage

1. Where an out-of-province employer is awarded a contract for work to be carried out in a mandatory Saskatchewan industry, registration with the Board is required if the employer:
   a. has established a place of business in Saskatchewan, or
   b. employs Saskatchewan resident workers.

2. Where neither of the above is true, out-of-province employers performing work for a principal in a mandatory Saskatchewan industry will be required to register if:
   a. the employer comes into the province 3 or more times per year, or
   b. the employer comes into the province 5 or more consecutive days per year.

3. Where an employer has both a Saskatchewan base of operations (in a mandatory Saskatchewan industry) and a non-Saskatchewan base of operations, coverage will only be extended to workers who are engaged in activities that are part of the Saskatchewan base of operations. Workers employed in the employer's non-Saskatchewan base of operations will not be covered if they are engaged in activities that are not part of the Saskatchewan base of operations, even when working in Saskatchewan.

Voluntary Coverage

4. Where the work performed by an out-of-province employer is incidental, registration with the Board is not required and the workers of the out-of-province employer will

not be considered workers under the Saskatchewan Act. The Saskatchewan principal may be liable for any legal action commenced by an out-of-province worker in the event of a work injury, unless:

a. the Saskatchewan principal becomes responsible for the premiums payable to the Board, or,

b. the out-of-province employer elects voluntary coverage with the Board.

Exceptions

5. The Independent Worker policy (Policy POL 15/2000), will be considered in conjunction with this policy, as registration criteria vary from the provisions contained here.

6. Any other exceptions to the policy outlined above will be forwarded to the Director of Revenue and Employer Accounts for consideration.

Payroll Reporting and Payment of Premiums

7. When it has been determined that an out-of-province employer is required to register with the Board, a statement of the employer's payroll must be submitted within 30 days of the commencement of business and premiums paid accordingly.

8. Where a registered out-of-province employer defaults on premiums payable with respect to the work being carried out in a Saskatchewan industry, the principal will be personally liable to pay the premium on the labour portion of that contract.

Act Sec #	002(f)(j), 003(1), 022, 028, 124, 132, 133, 153, 157(1)	
Effective Date	August 1, 2002	
Amended		
Application	All Employers Based Outside of Saskatchewan Who Carry On Or Undertake To Carry On Activities In Saskatchewan	
Doc #	6.18	
Supersedes	POL 03/2000 (Amended by ADM 11/2000)	
Complements	POL 25/95	Doc # 2.1.6
	POL 15/2000	Doc # 1.14
	PRO 07/2002	Doc # 6.18
	PRO 57/2004	Doc # 2.1.2

6.19 Arising Out Of And In The Course Of Employment (POL 13/2001)

Document Date 30 November 2001

Purpose To Provide Clarity On What Constitutes "As Arising Out Of And In The Course of Employment"

DEFINITION

An "**employment hazard**" is defined as an employment circumstance that presents a risk of harm or injury, either directly or indirectly, to the worker.

BACKGROUND

1. Section 2(k) of The Worker's Compensation Act, 1979 (the "Act"), specifies that an injury means:
    i. "the results of a wilful and intentional act, not being the act of the worker;
    ii. the results of a chance event occasioned by a physical or natural cause;
    iii. a disabling or potentially disabling condition caused by an occupational disease; or
    iv. any disablement;

    arising out of and in the course of employment."

2. Section 22 (1) of the Act provides The Worker's Compensation Board (WCB) exclusive jurisdiction to determine whether any condition or death was caused by an injury and whether any injury arose out of or in the course of employment.

3. Section 29 of the Act states:

    "Where an injury to a worker arises out of his employment, it is presumed that it occurred in the course of his employment and, where the injury occurred in the course of his employment, it is presumed that it arose out of his employment."

POLICY

In all circumstances the Board must initially determine that an injury has taken place before any issues of compensability can be determined, including the application of section 29 of the Act. Furthermore, an injury must explicitly fall under one (or more) of the four criteria required by subsection 2(k) of the Act as outlined under Background Point 1.

1. It is the Board's exclusive jurisdiction to determine whether a claim satisfies the subsection 2(k) criteria, assuming that there are facts and/or evidence to make the determination. The presumption in s. 29 only applies where essential facts concerning the nature of an injury's relationship to the employment are missing and unobtainable.
2. The Board interprets the statutory phrase "arises out of employment" to mean that the injury must be related to some hazard which results from the nature, conditions or obligations of employment. It must be linked to, originate from, or be the result of, in whole or in part, an activity or action undertaken for employment.
    a. Examples of employment hazards that may directly "arise out of employment" that relate to an industry or occupation include a cut from machinery, inhaling chemicals or worksite ergonomics.
    b. An employment hazard may also be indirectly related to the industry or occupation. Some examples would include safe access and egress to employment, reasonable use of employer premises (such as lunchroom or washroom facilities), and work-related travel.
    c. Risks or conditions which are personal to the worker (e.g.: medical conditions such as epilepsy or diabetes, personal activities such as completing a personal errand during work hours or personal relationships) are not hazards of employment unless it can be demonstrated that employment factors directly contribute to the occurrence of an injury.
3. The Board interprets the statutory phrase "in the course of employment" to mean that the injury must happen at a time and place, and, in circumstances consistent with and reasonably incidental to employment. It is the direct result of an activity, action, procedure or conduct undertaken related to employment.
    a. Time and place are not strictly limited to the normal hours of work or the employer's premises. However, there must be a relationship between employment and the time and place of the injury.
    b. The injury may be incidental to the job (e.g.: weather conditions such as lightening strike or insect bite).

4. When an injury occurs and when one condition of compensability is met, the other is presumed to also have been met.

Act Sec #	2, 22, 28, 29, 30, 31
Effective Date	01 December 2001
Amended	
Application	All work injury claims
Doc #	6.19
Supersedes	N/A
Complements	All Policies Regarding Adjudication of Work Injury Claims

6.20 **Overpayment Recovery – Compensation (POL 01/2002)**

Document Date 05 February 2002

Purpose To Establish Guidelines for the Recovery of Overpaid Benefits

DEFINITION

Compensation for the purposes of this policy includes wage loss benefits, travel and sustenance expenses, annuity amounts, former Act pensions, permanent functional impairment awards, and any other allowances payable under the Act with respect to a work injury or fatality.

Overpayment means any payment of compensation that is greater than the payee should have received under the Act. An overpayment becomes a debt owed to the WCB as an account receivable.

Debtor means the payee to whom an overpayment has been issued.

Adjusted Annuity Entitlement means the reduced value of a worker's or dependent's annuity amount which results from calculating an overpayment.

Suspending Recovery means active efforts to recover an overpayment have ceased, but the overpayment remains registered with the debtor as a debt due to the Board, such that it can be collected from any compensation which the debtor may become entitled to in the future.

BACKGROUND

1. Section 115.1 of *The Workers' Compensation Act, 1979* (the "Act") states that payment of compensation to a worker or dependent that extends beyond the period of their loss of earnings capacity or that exceeds their entitlement under the Act may be recovered by the Saskatchewan Workers' Compensation Board (WCB) as a debt due the Board.
2. Section 115.2 permits the Board to set off any money due the Board under the Act against any compensation that is or may become payable to a debtor of the Board.
3. Sections 169 and 170 permit the Board to issue an order for the payment of money owed under the Act which may be filed by mail with the local registrar of the Court of Queen's Bench and which is enforceable as a judgment of the Court.

POLICY

4. In all cases, the collection of overpayments that are subject to recovery will be energetically pursued by every cost effective, legal means available, treating all involved with dignity, fairness and professionalism, and except where fraud may be involved, making every reasonable effort to avoid creating undue financial hardship for the debtor.

Non-recoverable Overpayments

5. Overpayments resulting from the following circumstances **are not normally subject to recovery**.
   a. A decision is reversed as the result of new information that was not available or which the payee could not have known they were expected to provide at the time of the original decision (e.g., original decision made in good faith).
   b. A decision originally based on best judgment or extension of the benefit of doubt is reversed (per the policy on reversing decisions) because that decision is subsequently seen to have been improper or unreasonable.
   c. The overpayment is discovered more than three years after it occurred or the payee is not notified within three years of the overpayment being discovered, unless fraud may have played a role in how the overpayment occurred.
   d. A computer system or administrative error that has or could have affected compensation paid on more than one claim:
      i. Examples of system errors: programming error in a payment formula; data entry error in a benefit table, such as Personal Care Allowances.
      ii. Example of administrative error: incorrect annual CPI rate decision.

      The overpayment will be calculated, so the employer receives corresponding credit to its cost experience, and the Board may write-off the overpayment.

Recoverable Overpayments

6. Overpayments resulting from the following circumstances **are normally subject to recovery**, and will become an accounts receivable. Such circumstances include, but are not limited to:
   a. Where fraud is suspected and is either being investigated or has been confirmed.
   b. Clerical or calculation errors affecting only one file.
   c. The client or other payee fails to provide, or Board staff fail to obtain relevant, accurate or complete information, even when there is no suspicion of fraud. Examples (not exhaustive):

   i. A decision such as claim acceptance reversed as the result of new information, other than as in point 2.a. above;
   ii. An advance of benefits in excess of actual entitlement;
   iii. Wage loss benefits paid beyond the date of return to work;
   iv. Retroactive suspension of benefits;
   v. Clerical, documentation or calculation errors on receipts for goods and/or services submitted in connection with physical rehabilitation or return-to-work programming;
   vi. Incomplete or incorrect wage or exemption information;
   vii. Actual, verified earnings exceed estimated earnings

7. Board staff and legal representatives will make every attempt to reach agreement with the debtor as to the methods and rates of repayment, but such agreement is not necessary to proceed with collection efforts.

Suspending Recovery

8. Active efforts to collect overpayments may be suspended if collection is unsuccessful after demands and legal recourses have been exhausted. Despite suspension of recovery, the full amount of the overpayment remains a debt due to the Board.

Act Sec #	2(c), 115.1, 155.2, 169, 170	
Effective Date	01 March 2002	
Amended		
Application	All Claim Files	
Doc #	6.20	
Supersedes	POL 23/95	
Complements	PRO 01/2002	Doc # 6.20
	POL 19/98	Doc # 6.16
	PRO 19/98	Doc # 6.8
	PRO 13/91	Doc # 9.1

6.21 **Safety Association Funding (POL 06/2002)**

Document Date May 31, 2002

Purpose To establish guidelines for the provision of Safety Association Funding

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DEFINITION

Safety Association means an association of employers to which the Act applies whose primary objective is the promotion of injury prevention education in the industry(s) in which the member employers are engaged. The association must be:

- registered as a Saskatchewan based non-profit corporation which follows a set of bylaws
- equally represented by labour and management
- currently participating in that association's industry or industries.

BACKGROUND

1. Section 145 of The Workers' Compensation Act, 1979 (the "Act") grants the Workers' Compensation Board (the "Board") the authority to fund safety associations.
2. It is the Workers' Compensation Board's (the "Board") legal responsibility to ensure funds are being utilized appropriately and that the interests of all employers in the industry or industries are being represented.

POLICY

Applications

1. The Board will consider requests for funding programs that promote the prevention of occupational injuries and diseases and/or the return of injured workers to suitable, productive employment, and which are consistent with the objectives of the Board. The funded activities may include education, training, promoting safety awareness or other means of achieving these objectives.
2. Applications from Safety Associations as well as employer associations or other similar groups must be submitted by September 30 in the calendar year prior to the grant requirement.

3. Approval for first time funding will be at the discretion of the Board members. Renewal applications may be approved by the executive management.

Proposals For Funding

4. To be considered for funding, all applicants must submit a detailed proposal including:
    a. the purpose and objectives of the program,
    b. a detailed outline of the program content and well-supported plans for achieving them,
    c. a detailed budget sufficient to cover expenses related to the proposed program(s),
    d. an evaluation plan to demonstrate the achievement of objectives and targeted outcomes, and
    e. any other information the Board may request.
5. Applicants must also demonstrate that they have the support for the program by a majority of the association membership. A majority is considered to be at least 50% plus one of the employers in the industry or subgroup of the industry, and shall represent at least 70% of the total payroll subject to assessment.
6. Where provisional approval of a submitted proposal has been granted, those applicants who have not yet formed a Safety Association must do so. All applicants must submit the following documentation:
    a. a copy of the formal resolution of the Safety Association authorizing the application for the grant, and
    b. a certified copy of the Association's Certificate of Non-profit Incorporation and the bylaws the Association will be operating under.
7. Release of any funds will be contingent on the applicant entering into a signed Safety Association Funding Agreement with the Board.

Reporting Requirements

8. Each Safety Association granted funding must select a representative to attend quarterly meetings with a designated representative of the Board.
9. The Safety Association will be required to submit quarterly financial and program performance reports detailing progress towards objectives.

10. At the completion of the program a detailed evaluation of the targeted outcomes and program impact will be required, including:
    a. a comparison of the budgeted/actual experience of the current year with explanations for any variances, and
    b. an audited financial statement.
11. The executive management will ensure a report of the Safety Associations' financial and program activities is submitted to the Board members annually.

Disbursements and Levies

12. All Safety Association grants are funded through special levies on the assessment rates of those employers in the industry or subgroup of the industry participating in the Safety Association.
13. Disbursement of funds will be quarterly, subject to financial and operational audit by the Board at any time during or after completion of the program.
14. Where the terms and conditions of the Safety Association Funding Agreement have not been met, the Board may terminate funding and take action including legal remedies to obtain reimbursement of any misused funds.

Renewal of Funding

15. The Board is not obligated to grant funding by reason of having done so in the past. Provisional approval will be granted based on the merits of the proposal submitted and funds will be released when the Board has received:
    a. a copy of the Certificate of Non-Profit Incorporation,
    b. a formal resolution of the Association authorizing the application for funding renewal,
    c. all required reports for previous program funding, and
    d. the Safety Association has entered into a signed Safety Association Funding Agreement.

Act Sec #	145
Effective Date	01 June 2002
Amended	
Application	All applicants for Safety Association Funding
Doc #	6.21
Supersedes	N/A
Complements	PRO 06/2002 Doc # 6.21

7.0 MEDICAL CARE

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7.1.1 Medical Boards (POL 21/94) (Amended by ADM 03/2000)

Document Date 19 October 1994

Purpose To Establish Guidelines for Use of Medical Boards

DEFINITION

"Medical Board" means a group of three health care professionals convened to resolve a difference of opinion between a Medical Consultant of The Workers' Compensation Board (WCB) and the worker's attending health care professional.

“Health Care Professional" is defined in *The Workers' Compensation Act, 1979*, as: "a physician, dentist, chiropractor, optometrist, psychologist, occupational therapist, physical therapist, nurse, or any other person who is registered and licensed pursuant to any Act to practice any of the healing arts".

"Medical Consultation" means an examination by one or more health care professionals, where there is no difference of medical opinion, but where the WCB simply wants the benefit of expert opinion concerning the worker's condition.

“**Medical Consultant** of the Board is a medical doctor employed as such by The Saskatchewan WCB.

POLICY

1. The decision that a Medical Board examination is needed will always be made by a Medical Consultant of theWCB.
2. Where a worker's attending health care professional requests a Medical Board examination, the request will be accommodated wherever practicable.
3. The question or questions to be addressed by the Medical Board will be mutually agreed in advance between the Medical Consultant of the WCB and the worker's attending health care professional.
4. The worker will always be given, in advance, a clear explanation of the reason for the examination, both verbally and in writing.
5. Where the injured worker is female, and none of the examiners is female, the worker will be offered the option of bringing a female observer, or having one arranged for by the Board.

6. The WCB will establish and review annually, a list of available impartial Medical Board examiners. This list will be made up of health care professionals nominated by groups representative of the interests of injured workers.

7. Every Medical Board should be made up as follows:
   a. A Medical Consultant of the WCB as Chair;
   b. an examiner nominated by the worker's attending health care professional, which can be the worker's attending health care professional him/herself; and
   c. a second examiner, selected by the worker's attending health care professional, from the list of possible Medical Board examiners made available by the WCB.
   d. Optionally, as may be agreed by these three examiners, up to two additional examiners chosen from the list of possible Medical Board examiners may be made available by the WCB.

8. Where the worker's attending health care professional does not agree within 14 working days to participate or designate a nominee as in (b), or to select an examiner as in (c), the WCB's Medical Consultant will make a selection or selections from the list.

9. The physical examination of the worker will take place within 14 working days of the selections being made.

10. Any additional diagnostic tests and procedures that may be needed will be arranged on a priority basis

11. The report of the Medical Board will be prepared within 7 working days of the examination date, or the date needed test results are available, and will reflect the views of the majority of the examiners.

12. The Directors Case Management (North) and South) will be responsible for ensuring that this policy is adhered to.

Act Sec #	57	
Effective Date	29 September 1994	
Amended	ADM 03/2000 - 10 January 2000	
Application	All Claims	
Doc #	7.1.1	
Supersedes	POL 20/94	
Complements	POL 06/93	Doc # 7.1.3
	POL 03/96	Doc # 9.2
	PRO 21/94	Doc # 7.1.1

7.1.2 **Medical Review Panels (POL 20/2001)**

Document Date 13 December 2001

Purpose To Establish Guidelines for Medical Review Panels

BACKGROUND

1. Section 60 of the Workers' Compensation Act, 1979 (the "Act") establishes a Medical Review Panel as the forum for injured workers to resolve a dispute on a medical issue. Their medical question will be determined (Section 60(2))by an independent body of medical practitioners once they have exhausted the internal Workers' Compensation Board (WCB) appeal process.
2. Sections 60(1)(a) and (b) of the Act state the circumstances under which a Medical Review Panel may be granted.
3. Section 60(2) specifies there must be a clear medical question to be determined before a Medical Review Panel will be convened.
4. Decisions related to claim adjudication are not to be addressed by a Medical Review Panel.
5. A copy of the following policy, for information purposes shall be provided to those involved.

POLICY

1. Where the worker has exhausted rights to reconsideration or review of a decision by the WCB, a request may be forwarded to the Board for a Medical Review Panel stating the worker:
   a. suffers or, in the case of a deceased worker, suffered a greater functional impairment than that decided by WCB, or;
   b. suffers or, in the case of a deceased worker, suffered a greater limitation in working capacity than that decided by the WCB, or;
   c. should be or, in the case of a deceased worker, should have been granted compensation for a longer period than the period allowed by WCB; or
   d. believes the decision of WCB was based on a physician's report that was erroneous or incomplete.

2. A request for a Medical Review Panel will be made in writing and will include a certificate from a physician or chiropractor stating there is a clear medical question to be determined (not an adjudicative issue), the specific medical position of the WCB which is in contention and why that position is medically in error

3. Upon receiving the request and certificate, the Board will determine if the legislated requirements have been met. The injured worker and all interested parties will be provided the Board's decision in writing as to whether a Medical Review Panel will be convened.

4. Once the certificate has been accepted, the worker will be provided a list(s) by the Board from which the worker may choose either:
   a. two specialists in the class of injury for which compensation is being claimed,

   or

   b. one specialist in the class of injury for which compensation is being claimed, and one chiropractor.

5. The practitioners the worker selects must be forwarded to the Board in writing and these, along with the chairperson (appointed by the Board in consultation with the Saskatchewan Medical Association), will constitute the panel.

6. The chairperson (a qualified physician engaged in the practice of general medicine) will make the necessary arrangements for the Panel to examine the worker or the medical information about the worker, in either Regina or Saskatoon. The appropriate travel allowances will be provided for the worker to attend.

7. Following the examination, the chairperson will provide the Board with a certificate of decision which states the following:
   a. the condition of the worker;
   b. the worker's fitness for employment;
   c. where the worker is found to be unfit to work, the cause of that inability and the nature and degree of the limitations as a result of the compensable injury;
   d. the extent of any permanent functional impairment as a result of the compensable injury, and;
   e. any other medical matters which any member of the panel considers pertinent to the claim.

8. Where the Medical Review Panel's certificate of decision fails to address all of the issues stated in point 7, the Board will return the certificate to the panel requesting they do so.

9. A complete certificate of decision is binding on both the injured worker and the WCB.

10. Where a certificate of decision offers opinions or recommendations outside the scope of the legislated issues or the medical question in dispute, the Board may consider them, but will not be bound by them.

Act Sec #	60, 61, 62, 63, 64, 65, 66	
Effective Date	01 January 2002	
Amended		
Application	All claimants	
Doc #	7.1.2	
Supersedes	POL 09/96	Doc # 7.0.8.1
	POL 05/98	Doc # 7.0.8.2
	POL 01/96	Doc # 7.0.5
Complements	PRO 20/2001	Doc # 7.1.2

7.1.3	**Claims Exceeding Normal Recovery Period (POL 06/93)**
Document Date	03 March 1983
Purpose	To Establish a Process for Examination by a Medical Consultant

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BACKGROUND

Occasionally, an injured worker claims, with the support of the attending physician, that he/she has not recovered from injury within the period of time normally held to be sufficient for full recovery.

POLICY

1. On referral from the Case Manage, if the Board Medical Consultant is unable to support the position of the attending physician, he/she must dialogue with the physician for the purpose of resolving the difference of opinion. If they are unable to resolve the issue, referral to a specialist will be arranged.
2. Where the primary physician has already referred the case to a specialist and the Board Medical Consultant is unable to support the positions of both, referral will be to a Medical Board.

Act Sec #	57
Effective Date	03 March 1993
Amended	08/98 ADM 02/2000 - 10 January 2000
Application	All Time Loss Claims
Doc #	7.1.3
Supersedes	N/A
Complements	POL 05/94 Doc # 4.5.1.2

7.1.4 Examination by Medical Consultants - Repeal (POL 06/95)

Document Date	26 June 1995
Purpose	To Repeal Board Order and Policy 33/82

BACKGROUND

Board Order and Policy 33/82 is inconsistent with the current policies and practices of the Workers' Compensation Board in the servicing of injured workers' claims.

POLICY

Policy 33/82 is hereby repealed.

Act Sec #	57
Effective Date	26 June 1995
Amended	
Application	General
Doc #	7.1.4
Supersedes	POL 33/82
Complements	N/A

7.1.6 Early Intervention Program (POL 04/96)

Document Date 06 March 1996

Purpose To Authorize the Implementation of the Proposed Early Intervention Program

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BACKGROUND

1. The 1992 Committee of Review outlined a series of concerns and recommendations regarding the Injured Workers' Program.

2. Subsequently, in April 1994, a consultant was engaged to review a number of areas of concern, and it became clear that some change to the system of referral, and review of what was happening to the injured worker upon entering the field of health care, was required to reduce the waiting time for assessment and treatment.

3. A Task Force was established in August of 1994, to develop an early intervention model. In order to address issues related to the medical management of work-related injury, the Task Force was primarily composed of health care professionals from many sections of the health care provider community.

4. Prior to the final report being completed, a series of comprehensive consultation meetings were held with stakeholders (i.e. unions, employers, health care providers and their associations, and WCB staff) to obtain feedback on the proposed Early Intervention Program.

5. The report was completed and submitted to the Workers' Compensation Board in August of 1995.

POLICY

1. The principles of the Task Force on Early Intervention are hereby accepted.

2. Implementation of the proposed Early Intervention Program is hereby authorized consistent with approved budgets.

Act Sec #	22
Effective Date	01 April 1996
Amended	
Application	N/A
Doc #	7.1.6

Supersedes N/A
Complements N/A

7.2.1 Health Care Services (POL 05/96)

Document Date 25 March 1996

Purpose To Define the Types and Payment Methods of Health Care Services To Be Paid For or Reimbursed by WCB

BACKGROUND

1. The Board currently designates as policy (and hence subject to public release) the schedule of fees paid to the various health care practitioners for services utilized by clients in Saskatchewan.

2. There is no good reason why the scale of fees needs to be made public. All that is required for public information is the list of services and procedures paid for or reimbursable, with a statement that the fees for these services have been negotiated between WCB and the Professional Associations concerned.

3. It is therefore recommended that the Policies concerned be down-rated to Procedures.

4. The single new Policy created by this submission will show the medical services and procedures that WCB will pay for or reimburse the client for in a consolidated list.

POLICY

1. The Board **approves** downgrading of Policy Numbers 03/91, 20/91, 22, 92, 02/93, 03/93, 08/94, 19/94, 22/94, 01/95, 02/95, 03/95, and 04/95 which are currently subject to public release, and convert them to Procedures with the same numbers but which will be for internal circulation only. The underlying Board Orders will therefore remain unchanged. The downgrading will take effect on the date the new Policy Manual is released to replace the old.

2. The Board **notes** the repeal of policies 24/90, 19/92, 20/92, 31/92, 07/93 and 07/94 by succeeding policies containing the same but updated rate schedules, and **directs** that where old policies or Board Orders exist for health care services rate schedules that have subsequent updates, the old orders will be automatically repealed by the latest order.

3. The Board **approves** the attached new policy which details the health care services that will be paid for or reimbursed by WCB on the basis of current practice, but which does not list the scale of fees (Schedule 1, 2, & 3 Attached).

4. The Board **directs** that any services, procedures, therapies or counselling not listed in Schedule 1 will not be paid for or reimbursed by the WCB without prior approval for the procedure by a staff member of WCB authorized to do so.

ATTACHMENTS

Health Care Services Schedule 1, Schedule 2, and Schedule 3.

Act Sec #	106
Effective Date	01 April 1996
Amended	
Application	All Claims
Doc #	7.2.1
Supersedes	POL 03/91 POL 20/91 POL 22/92 POL 02/93 POL 03/93 POL 08/94 POL 19/94 POL 22/94 POL 01/95 POL 02/95 POL 03/95 POL 04/95
Complements	PRO 05/96 Doc # 7.2.1

HEALTH CARE SERVICES
Schedule 1 - Licensed Providers

PROFESSIONS	SERVICES
Physician	Medical & Retainer Arrangements Acupuncture (visit fee) Counselling Work Capacity Evaluation MRI
Nurse	Nurse
Physical Therapist	Physical Therapy Conditioning Program Work Conditioning Program Functional Work Simulation Work Capacity Evaluation Return to Work Program Pain Management Counselling Acupuncture (visit fee)
Occupational Therapist	Occupational Therapy Work Hardening Work Capacity Evaluation Functional Work Simulation
Chiropractor	Chiropractic

	Conditioning Program Work Capacity Evaluation Ergonomic Assessment
Speech Language Pathologist	Speech Therapy
Audiologist	Audiometry
Psychologist	Counselling Chronic Pain Program Drug, Alcohol Dependency
Optometrist	
Osteopath	None in province
Chiropodist (Podiatrist)	
Dentist	

HEALTH CARE SERVICES

Schedule 2*

* Where available for utilization, these service providers must be registered with an appropriate recognized national or provincial body.

PROFESSIONS	SERVICES
Conditioning Therapy	Conditioning Program
Psychotherapist	Counselling Chronic Pain Program
Massage Therapist	Massage
Naturopath	
Counsellor	Counselling - Various types recognized by WCB

HEALTH CARE SERVICES

Schedule 3*

* When these services are utilized:

1. Components of programs must meet identified criteria.
2. Program must be approved through WCB credentialling process.

Facility:

- Wascana Rehabilitation Centre
- Bourassa and Associates
- Gold Square
- Canadian Back Institute (Regina and Saskatoon)

7.2.2 Health Care Services Fees (POL 02/97)

Document Date 15 April 1997

Purpose To Establish the CEO as Authority to Negotiate and Administer Health Care Services Fees

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BACKGROUND

Historically, fees for medical aid have been determined by the Board, by means of a Board Decision. The function of negotiation with various health care associations to discuss and set fees and standards is an administrative one, and would more appropriately be carried out by the CEO, rather than the Board.

POLICY

The authority to negotiate and administer fees for medical aid furnished by any health care professional is delegated to the CEO, rather than the present method, which requires a Board Decision.

Act Sec #	108(1), 106, 60(1), 117(c)	
Effective Date	01 April 1997	
Amended		
Application	All Medical Fee Schedules	
Doc #	7.2.2	
Supersedes	N/A	
Complements	POL 10/96	Doc # 6.14
	POL 05/96	Doc # 7.2.1

7.2.3 Medical Fees - Extra Billing (POL 57/80) (Amended by 08/95)

Document Date	14 July 1980
Purpose	To Establish Guidelines for Consideration of Excess Medical Fees

BACKGROUND

Despite the provision of Section 108, occasionally an individual providing medical aid demands of and receives from the injured worker a fee in excess of that determined by the Board.

POLICY

Where a worker in good faith pays an account in excess of the fee determined by the Board and is unable to obtain a refund from the provider of the service, the Board will assume this additional cost.

Act Sec #	108
Effective Date	14 July 1980
Amended	08/95
Application	All Claims
Doc #	7.2.3
Supersedes	N/A
Complements	N/A

8.0 RE-EMPLOYMENT ASSISTANCE

8.1.1 Vocational Rehabilitation – Programs and Services (POL 06/2004) 2
8.1.2 Return-to-Work Plans (POL 08/96) 8
8.2.1 Equipment and Tools – Vocational Rehabilitation (POL 05/2004) 10
8.3.1 Relocation Allowances (POL 10/2001) 13

8.1.1 Vocational Rehabilitation – Programs and Services (POL 06/2004)

Document Date 14 June 2004

Purpose To outline guidelines for provision of vocational rehabilitation services and programs.

DEFINITION

Suitable employment: means a position or occupation in which the worker is employable, given his/her compensable and non-compensable restrictions.

Productive employment: means work that contributes meaningfully to the operation of the business, thereby providing purposeful tasks to the worker.

BACKGROUND

1. Subsection 21.1(1)(d) of The Workers' Compensation Act, 1979 (the "Act") states The Workers' Compensation Board (WCB) will "consult and cooperate with workers and surviving dependent spouses in the development of rehabilitation plans intended to return workers or dependent spouses to positions of independence in suitable productive employment."
2. Under Section 51.1(a)(b), the worker has a duty to "take all reasonable action to mitigate the loss of earnings resulting from injury; and where the circumstances require, co-operate with the board in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment."
3. Sections 115 and 117 (e)(f), state the WCB will "take any measures it considers necessary or expedient… to assist in lessening or removing a handicap resulting from [a worker's] injury or to encourage a dependent spouse of a deceased worker to become self-sufficient: and to "expend moneys from the [injury] fund for any expenses incurred in the administration of this Act."
4. Section 44.2(1) of the Labour Standards Act provides guidelines for an employer's duty to accommodate an injured worker's return to work.
5. The WCB utilizes a multidisciplinary Case Management Team approach for developing vocational rehabilitation plans intended to return workers to positions of independence in suitable productive employment.

POLICY

1. Where the effects of a work injury result in permanent restrictions that preclude or complicate a return to the pre-injury employment, WCB will provide a worker the appropriate services and programs to:
   a. Facilitate a return to suitable, productive employment or a status of employability at comparable earning potential with the pre-injury level, and where necessary,
   b. Address issues of quality of life and independence.
2. A worker is considered employable when the following criteria are met:
   a. The worker has acquired the skills and abilities to competitively pursue suitable productive employment.
   b. The work can be performed without endangering the worker's safety and the safety of others;
   c. The work is available in the worker's immediate locale or in a location to which the worker may reasonably commute or relocate.
3. Varying with the individual circumstances of the worker, the goal of vocational rehabilitation is to:
   a. Return to previous employment;
   b. Return to alternate employment; or,
   c. Retrain for a new occupation.

Individual Vocational Plan (IVP)

4. Developed in consultation with the worker (and where appropriate, health-care providers or employer), the IVP is a written agreement representing a plan co-signed by WCB and the worker to meet the vocational goal. The suitable short and long-term objectives for (re) employment, the selection of programs and services required to meet those objectives, and the associated costs for implementation, including allowable expenses, any necessary modifications to the workplace to ensure accessibility and independence, ongoing entitlement to compensation benefits and an estimation of earnings capacity are specifically outlined in the IVP. Development of the plan is outlined below.

Vocational Profile

5. As a starting point for planning, the vocational profile is an assessment of the worker's individual circumstances that impact the selection of an appropriate vocational objective. In general, the following factors are considered:

a. The compensable and non-compensable work restrictions (obtained from medical and/or psychological documentation);

b. The functional requirements for performance of the return to work position (pre-injury or otherwise;

c. Prior education and training;

d. Employment history, job descriptions and duties, and wages;

e. Assessment of transferable skills, aptitudes, interests, abilities; and,

f. Other factors including but not limited to geographical location, ability/practicality to relocate, labour market opportunities etc.

Programs and Services

6. All services and programs are available to workers participating in vocational rehabilitation, with each case judged on its own merits. However, with consideration to the vocational profile, the WCB considers re-employment measures from a Hierarchy of Objectives (Appendix A).

7. The first and foremost objective is to consider a return to the pre-injury employer. Graduated return to work or modified duties may be explored, either temporary or permanent. Any necessary modifications of the physical work environment such as providing specialized equipment or changing the workplace layout may be provided to support a safe and timely return to work (POL 02/2002).

8. Where a worker cannot return to the pre-injury job because of the compensable restrictions, some type of alternate work with the pre-injury employer must be explored that is within the worker's functional capabilities. A worker's transferable skills, qualifications or alternate work experience for the new position may be assessed, and where appropriate, on-the-job or formal training programs (academic or technical) provided.

9. If the pre-injury employer is unable to provide a suitable re-employment option (cannot accommodate in any capacity), the preceding programs may be used for returning the worker to the work force with another employer in the same or different industry. The former would apply when workers are displaced because of the compensable injury; limited assistance such as job search benefits may be all that is necessary if the worker is able to pursue the same type of work (POL 08/2001 will apply). If a worker's restrictions preclude returning to the pre-injury employment in any capacity, WCB will offer appropriate academic, technical or on-the-job training necessary for obtaining employment in a new occupation. Relocation (temporary or permanent) may be considered to access these programs or to increase employment opportunities (POL 10/2001).

10. Self-employment ventures will only be approved where all other conventional re-employment objectives have been exhausted, or it is the only viable option for reaching maximum pre-injury earnings. Generally, this will apply to those workers in remote areas where employment and education opportunities are scarce and relocation is not an option (e.g., family obligations), the plan is reasonably cost-effective compared with other return-to-work alternatives and there is a high probability of success.

11. To enable participation in vocational programs and to address issues of quality of life, WCB will reimburse appropriate travel and sustenance expenses (POL 07/2003) provide equipment and tools required by selected programs or employment opportunities (POL 05/2004) and consider modifications to the vehicle or residence made necessary by the compensable injury (POL 02/2002).

12. At the successful completion of the IVP, wage loss will be based on actual earnings or an estimation of earnings capacity and any benefits payable will be in accordance with POL 14/2001. This may also occur where workers have failed to comply with the IVP and earnings capacity is estimated as if the IVP was completed.

13. Where a worker is considered employable at the successful completion of the IVP, but has not obtained employment, WCB will offer additional job search benefits in accordance with POL 08/2001 or POL 10/2001, as the case may be.

Special Services

14. In addition to medical aid or access to health care providers, WCB will provide a personal care allowance to eligible workers to reduce or eliminate barriers to daily living, including various aspects of hygiene, dressing, mobility challenges or supervision (POL 05/2000).

ATTACHMENT

Appendix A – Hierarchy of Objectives

Act Sec #	21.1(d), 51.1(a)(b), 69, 115(a)(b)(c), 117(e)(f)	
Effective Date	01 August 2004	
Amended		
Application	All workers receiving vocational rehabilitation programs and services	
Doc #	8.1.1	
Supersedes	PRO 54/2000	
Complements	POL14/200	Doc # 4.1.1
	POL 14/89	Doc # 4.1.2.1
	POL 06/2000	Doc # 5.2

POL 02/2002	Doc # 4.2.7
POL 10/2001	Doc # 8.2
POL 04/2002	Doc # 4.5.1.1
POL 05/2000	Doc # 4.2.1.1
POL 08/2001	Doc # 4.5.2.3
POL 05/2004	Doc # 8.2.1
POL 07/2003	Doc # 4.3.2.1
PRO 05/2004	Doc # 8.2.1
PRO 06/2004	Doc # 8.1.1
PRO 53/2004	Doc # 8.1.2

Appendix A

Hierarchy of Objectives

Objective 1 - Same Work with Same Employer (worker is able to return to pre-injury job, with some restrictions). Wherever possible, the employer should be encouraged to accommodate the worker in graduated return to work or modified duties.

Objective 2 - Different Work Same Employer (restrictions preclude returning to the pre-injury position). The VRS will undertake any additional vocational testing or skills analysis necessary to determine if the worker has the skills, aptitudes and experience that are transferable to alternate work.

Objective 3 - Same Work Different Employer (pre-injury employer unable to accommodate in any capacity; alternatives in the same or related industrial sector are considered). Little intervention may be required, but additional job search benefits or employment readiness program may be provided, as necessary.

Objective 4 - Different Work Different Employer (the worker is unable to return to employment in the same or related industry). Vocational exploration will expand to suitable opportunities in other occupational sectors where the worker's existing inventory of transferable skills, aptitudes, and interests may be used.

Objective 5 –Training and Education (existing skills are insufficient to restore the worker to suitable employment); The development of new occupational skills will be considered through academic, technical or on-the-job training programs.

Objective 6 – Self Employment (this may only be offered where all other objectives have been exhausted or it is the only viable option for reaching maximum pre-injury earnings). Generally, this will apply to those workers in remote areas where employment and education opportunities are scarce, the plan is cost-effective compared with other reasonable return-to-work alternatives and there is a high probability of success.

8.1.2 Return-to-Work Plans (POL 08/96)

Document Date 01 April 1996

Purpose To Establish Guidelines for Return-to-Work Plans

DEFINITION

"Return-to-Work" in this context means suitable work within the medical limitations of an injured worker who has not yet fully recovered from his injuries, is not yet able to return to his original job, but who is capable of some form of employment.

POLICY

1. The Board will encourage and endorse properly established work plans that are set up for rehabilitative purposes to assist injured workers to return to full employment bearing in mind the work limitations caused by injuries.
2. Where a collective agreement exists, the WCB expects the parties to establish appropriate procedures to accommodate Return-to-Work plans.
3. In dealing with the issue of rehabilitative return to suitable employment, the following policy will be used:
    a. All of the facts relating to the nature of the work being offered will be considered, and the WCB must be satisfied that the job description is accurate.
    b. WCB will confirm that the health care provider has all the necessary information to provide an informed opinion on the physical ability of the injured worker to perform the work.
    c. The limitations applied to a worker will be made known to all affected parties.
    d. Any change in limitations applied to a worker under this program must be approved by the health care provider.
    e. Where a worker disagrees with a return to suitable work, the reasonableness of that disagreement will be investigated and a determination made whether to continue, suspend, or terminate benefits by WCB.

Act Sec #	115
Effective Date	01 April 1996
Amended	
Application	All Claimants

Doc # 8.1.2
Supersedes POL 01/84
Complements POL 07/96 Doc # 6.6

8.2.1 Equipment and Tools – Vocational Rehabilitation (POL 05/2004)

Document Date 12 October 2004

Purpose To establish guidelines for the purchase of equipment and tools for vocational rehabilitation programs.

DEFINITION

1. Academic/Technical Training may include but are not limited to computers, printers, software, textbooks, school supplies, and calculators.
2. Return-to-Work may include but are not limited to anti-fatigue mats, air-ride hydraulic seats, ergonomic office equipment and uniforms or coveralls.
3. Self-employment may include but are not limited to vehicles, buildings, tools, inventory, office equipment or protective safety equipment such as eye, face, hearing and respiratory devices.

BACKGROUND

1. Section 115 of The Saskatchewan Workers' Compensation Act, 1979 (the "Act"), states that the Workers' Compensation Board (the "WCB") "may take any measures that it considers necessary or expedient . . . to assist an injured worker in returning to work."
2. Section 117 of the Act states that WCB "may expend moneys from the fund for . . . any grant with respect to any costs of rehabilitation related to any injured worker re-entering the work force or to assist in lessening any handicap caused by his [or her] injury."
3. In some cases, it may be necessary as part of vocational rehabilitation, for the WCB to provide workers with equipment and/or tools required to complete a sponsored training program or to participate in re-employment opportunities. These are "tools of the trade" not normally provided by the training institute or employer and distinct from the specialized equipment or assistive devices provided under Policy POL 02/2002 - Modifications – Residential, Vehicle and Workplace. However, for the purchase of the latter (i.e., ergonomic office equipment) the conditions of purchase contained in this policy will be followed.

4. Parts VII and VIII of the Occupational Health and Safety, Regulations, 1996 ("OH&S Regulations"), require employers to provide adequate and approved personal protective and safety equipment suitable to the risks of the industry.

POLICY

1. All equipment and tools, including conditions of purchase (below) must be identified in the approved Individualized Vocational Plan (IVP) signed by the worker and WCB.
2. Where workplace modifications are provided pursuant to POL 02/2002 – Modifications – Residential, Vehicle and Workplace, the employer will be advised of the conditions of purchase below.
3. Equipment and tools will be approved only where the employer or educational/training institute does not normally provide them or they are required for a self-employment plan.
4. With the exception of self-employment plans, WCB will not provide personal protective and safety equipment that employers are required to provide under the OH&S Regulations.

General

5. All purchases must be preauthorized by WCB and are subject to the requirements of the Procurement Procedure (Procedure PRO 50/2000).
6. To ensure the equipment or tools meet the requirements of the program or workplace, the Vocational Rehabilitation Specialist (VRS) may consult with technical experts and/or program advisors for specifications.
7. Purchases or grants will be provided on a one-time only basis.
8. Where cost-effective, leasing will be considered as an alternative to purchasing. Program duration and availability, quality and cost of items will contribute to the decision-making process.

Conditions of Purchase

9. Single item purchases under $2500 will be subject to the following conditions:
   a. Workers will be granted ownership of item(s), except where a cost sharing agreement has been made with an employer (e.g., training-on-the-job). In the latter case, ownership will be determined by the WCB, in agreement with the employer, prior to purchase.

b. The worker will be responsible for the maintenance, repair or replacement of the purchased items. Exceptions may be made where this causes undue hardship to the worker, provided the damage was not caused by a wilful or intentional act.

Security Interest

10. In addition to provisions of Point 9(b), single item purchases $2500 and greater will be subject to the following conditions:

    a. WCB will file a security interest for Personal or Real Property with the appropriate Registry for the original purchase price of the equipment and tools.

    b. The worker will be responsible for all costs pertaining to insurance, licensing, registration, transfer of titles and any other legal costs. The worker must provide confirmation that insurance has been obtained before WCB will release funds or distribute purchased items.

11. WCB will remove its interest in equipment and tools valued at $2500 or greater:

    a. Twelve months following successful completion of the IVP; or,

    b. When the IVP has not been successfully completed but the Estimation of Earnings Capacity is based on the occupation identified in the IVP.

Recovery

12. WCB will recover equipment and tools valued at $2500 or greater when:

    a. The IVP has not been successfully completed; and,

    b. The Estimation of Earnings Capacity is based on a different occupation from the one identified in the IVP and the equipment and/or tools are not necessary in order for the worker to participate in the alternative occupation.

Act Sec #	115 (a), 117 (e)	
Effective Date	01 November 2004	
Amended		
Application	All purchases of equipment and tools for vocational rehabilitation	
Doc #	8.2.1	
Supersedes		
Complements	POL 02/2002	Doc #4.2.7
	POL 06/2004	Doc # 8.1.1
	PRO 06/2004	Doc # 8.1.1
	PRO 50/2000	Doc #6.10
	PRO 101/2001	Doc #6.11
	PRO 05/2004:	Doc # 8.2.1
	PRO 53/2004	Doc # 8.1.2

8.3.1	**Relocation Allowances (POL 10/2001)**
Document Date	30 November 2001
Purpose	To Establish Guidelines for Payment of Relocation Allowances

BACKGROUND

1. In some cases, a workplace injury leaves a worker with restrictions that make finding suitable employment in the home community unlikely. The Worker's Compensation Board (WCB) has a responsibility to assist injured workers in returning to suitable, productive employment and may provide for the cost of relocation to achieve this.
2. In other cases, the community where a worker lives may no longer meet the worker's needs given the lasting effects of the workplace injury. It may be reasonable for the WCB to assist a worker in relocating to a more suitable community in the context of quality of life issues.

POLICY

Relocation allowances must be approved in advance and the WCB may not assume payment responsibility for arrangements made prior to approval. Accommodation, travel and meal per diems are to be provided at the current WCB rates, unless otherwise indicated.

Relocation For Confirmed Employment

1. Relocation may be approved where:
    a. The worker secures permanent employment in another community and
    b. The employment will eliminate, or substantially reduce, the earnings loss benefits being paid to the worker and the total cost of the relocation allowance does not exceed the value of the reduction in earnings loss benefits or
    c. The quality of life issues related to moving for employment are significant enough to make a cost/benefit analysis secondary.
2. The following allowances may apply:
    a. Travel, hotel and meal allowances to a maximum of seven days for the worker (and dependents) to arrange living accommodations.

   b. Reasonable expenses for the transportation of the worker's household belongings. Three estimates are required.
   c. Travel, hotel and meal allowances en route to the new location for the worker and the worker's dependents.
   d. An incidental relocation allowance of $300 (no receipt required) to assist with such things as utility connection.
   e. Hotel and meal allowances (not necessarily at the WCB rates; if a motel is available with a kitchenette there will be no need to eat in restaurants, etc.) for a maximum of one month when suitable accommodations are not immediately available in the new community. In this circumstance, the cost of insured storage for household belongings for a period of up to one month will also be provided.
   f. A maximum of one month rent for a worker's house or suite lease if the lease cannot be terminated without cost to the worker.
   g. In the event a worker loses the new position because of the compensable injury, consideration will be given to again move them for suitable employment or return them to their original community. Each case will be considered on its own merits.

Relocation To Seek Employment

3. Relocation may be approved for the purpose of actively seeking employment. The decision to assist will be made on a case by case basis and will take into consideration such factors as: employment opportunities in the home community, employment opportunities in the proposed community, the level of motivation demonstrated by the worker, claim history and cost of relocation. The Individual Vocational Plan (IVP) must identify what positions the worker will be seeking as well as the level of job search activity expected.

4. The following criteria will apply:
   a. The relocation will be within Saskatchewan unless it can be shown that the opportunities elsewhere are significantly better, at which time a move outside of Saskatchewan will be considered.
   b. The relocation must reduce the earnings loss being paid to the worker, and;
   c. A minimum of eight weeks and a maximum of 12 weeks for job search benefits will be provided following relocation.

5. Relocating to seek employment allows time to plan the move. Therefore, assistance will be limited to the following:
   a. Travel, hotel and meal allowance to a maximum of seven days for the worker (and dependents) to arrange living accommodations.

   b. Travel, hotel and meals en route to the new location for the worker and the worker's dependents.
   c. Reasonable expenses for the transportation of the worker's household goods. Three estimates are required.
   d. An incidental relocation allowance of $300 (no receipt required) to assist with such things as utility connection.

Relocation For Retraining

6. Relocation assistance may be approved where the WCB has agreed to sponsor a worker in a retraining program located outside of the home community and:
   a. The cost of relocation is less than the projected cost of any allowances the worker may be entitled to (e.g. mileage, accommodation subsidy, etc) if the worker were to maintain a primary residence in the home community, or;
   b. The worker plans a permanent relocation to the proposed community after the training is completed and there are reasonable opportunities for employment. A minimum of eight weeks and a maximum of 12 weeks for job search benefits will be provided following completion of the retraining.
   c. Relocation assistance will apply as in Point 5.

Relocation For Other Reasons

7. There may be circumstances where a worker requests assistance with relocating for reasons that are not related to either employment or re-training. In these cases, the request is to be considered in the context of quality of life issues and the total cost of the relocation. For example:
   a. It may be reasonable to relocate a worker who is paraplegic as a result of the injury to the community where family members can provide the support and assistance that would improve the worker's quality of life.
   b. It may be reasonable and cost effective to relocate someone who requires medical services not available in the resident community to a center, which has the required services.
   c. Relocation assistance will apply as in Point 5.

Act Sec #	115(a)	
Effective Date	01 December 2001	
Amended		
Application	Claimants who relocate while receiving benefits	
Doc #	8.3.1	
Supersedes	POL 03/90	
Complements	POL 06/2004	Doc # 8.1.1
	POL 07/2003	Doc # 4.3.2.1
	PRO 06/2004	Doc # 8.1.1

9.0 APPEALS

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9.1 **Reversing Decisions (POL 13/91) (Amended by ADM 03/2000)**

Document Date 17 June 1991

Purpose To Define Conditions Under Which a Decision to Grant Entitlement Can Be Changed

BACKGROUND

Reversing a decision that has resulted in a worker receiving Act benefits, possibly for a number of years, is a very serious matter. It can result in the termination of those benefits with the attendant negative financial impact on the claimant, and depending on the circumstances, a demand for repayment.

POLICY

1. Review of decisions can be prompted by either an internal or external request.
2. The Board may direct a review be instigated at any time.
3. Decisions are reviewable when there is:
    a. New evidence
    b. Subsequent contrary opinion by the Board's medical staff regarding the relationship of medical issues to injury and/or employment.
    c. Subsequent contrary opinion on entitlement by Operations staff, the Appeals Committee, or the members of the Board.
4. Decisions originally based on best judgment or extension of the benefit of doubt and reviewed under 3(b) and (c) will be reversed only where the original decision is seen as improper or unreasonable.
5. Decision reversal will occur at the level where the decision under review was made or higher.
6. Full written explanation for a reversal will be given to the claimant.
7. The circumstances of each case will dictate the length of notice of termination, whether any form of transitional benefits may be allowed, or if there is to be a demand for repayment. Transitional benefits should occur only in the most extreme of cases.

8. The usual avenues of appeal are available to any claimant subject to decision reversal.

Act Sec #	21, 22(3), 104(1)	
Effective Date	17 June 1991	
Amended	07/98 ADM03/2000 - 10 January 2000	
Application	All Claims	
Doc #	9.1	
Supersedes	N/A	
Complements	POL 08/2001	Doc # 4.5.2.3
	PRO 13/91	Doc # 9.1

9.2 **Appeals (POL 03/96)**

Document Date 21 February 1996

Purpose To outline the Appeals process

DEFINITION

"Departmental Decision" means any written decision made by any Department of the Saskatchewan WCB and communicated to the Worker or Employer, but not made by either the Appeals Committee or by Board Members.

POLICY

1. The line department will make the initial ruling, communicating its decision in writing to the claimant and all other interested persons with full reasons provided.
2. An appeal against a departmental decision is to be in writing with reasons given, and directed to the Appeals Committee.
    a. Where new information is provided either to Operations staff or the Appeals Committee that was not available at the time of the initial decision-making, Operations staff will review the initial decision.
    b. Operations staff will issue a second letter to the claimant and all other interested parties setting out the decision with full reasons provided.
3. Immediately on receipt of an appeal, the Appeals Committee will forward written acknowledgment including an outline of the issues being appealed to all interested parties.
    a. The Appeals Committee will decide the issue with written advice to the claimant and all interested parties providing full explanation and reasoning.
4. All appeals directed to Board Members will be acknowledged in writing, and include will rule on the issue with full written reasons for the decision provided an outline of the issues being appealed, with copies to all interested parties.
    a. Board Members to the claimant and all interested parties.
5. On those appeals received on or after 01 January 1994, and ruled on by the Appeals Committee or Board Members, the body hearing the Appeal will rule in the order if interest is payable, pursuant to Policy 02/94 (Doc # 9.3).

Act Sec #	21	
Effective Date	01 January 1996	
Amended		
Application	All Appeals	
Doc #	9.2	
Supersedes	POL 23/91	
Complements	PRO 03/96	Doc # 9.2

9.3 Interest on Benefits Accruing From Successful Appeals (POL 05/2003)

Document Date 21 May 2003

Purpose To Establish a Policy Regarding Interest on Successful Appeals

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BACKGROUND

The Board believes that appeals should be heard within a reasonable period of time, since delays could cause financial hardship for the appellant.

POLICY

1. Where internal administrative delays result in the appellant having to wait longer than 30 days for appeals received at the Appeals Committee or 120 days at the Board, interest will accrue in accordance with the following:
2. Only appeals received after the effective date and which are ruled on by the Appeals Committee or Board Members are eligible.
3. Interest is payable only on earnings replacement benefits.
4. Because factors other than internal administration may cause or contribute to delays in dealing with appeals, the Appeals Committee or the Board Members, as the case may be, will specify in the order if interest is payable.
5. Interest will bear a rate equal to The Bank of Nova Scotia's prime at the date payment is issued.
6. At the Appeals Committee level, interest will be payable from the 31st day after the date the appeal is received up to and including the date payment of benefits is made.
7. At the Board level, interest will be payable from the 121st day after the date the appeal is received up to and including the date payment of benefits is made.
8. Interest will be calculated by WCB Finance and Administration department, paid by separate cheque, and accompanied by an explanation of the calculation.
9. Interest costs are to be charged to the Second Injury and Re-Employment Reserve.

Act Sec #	117
Effective Date	01 June 2003
Amended	
Application	Appeals Received on or after 01 June 2003
Doc #	9.3
Supersedes	POL 02/94
Complements	POL 03/96 Doc # 9.2

10.0ACCESS TO INFORMATION

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10.2 **Board Policy Directives (POL 03/94)**

Document Date 02 March 1994

Purpose To Interpret the Requirement for Public Release of Policy Directives

DEFINITION

"Policy Directive" is defined as "any policy statement, practice, or procedure of the Board that forms the basis of decisions made pursuant to this Act" – Section 2(s.02)

BACKGROUND

1. Section 21.1(2), an amendment to the Act effective 09 February 1994 provides that "The board shall make its policy directives available to the public."

2. The above section, read in conjunction with the definition above, may be read to imply that Board procedural documents must be made available as well as policy ones.

POLICY

1. The Board interprets the defining characteristic of a policy directive as being a statement, practice, or procedure ***"that forms the basis of decisions made pursuant to this Act"*** (italics and bolding ours). That is, any policy statement, practice, or procedure that has a substantive effect on the issue of injury benefits or employer assessment must be made available. Procedural documents which speak to administrative matters need not be.

2. Policy manuals will continue to be made available to any person or organization with an interest in workers' compensation upon request and without charge.

3. Copies will also be available for public viewing at both the Regina and Saskatoon offices.

4. Revised Orders will be distributed to manual holders with a brief explanation of the change within 30 days of revision and earlier if possible to the Office of the Workers' Advocate and Ombudsman.

5. Copies of individual policy documents will continue to be available to anyone upon request without charge.

PROCEDURE

1. Preparation, distribution, and updating of the manuals are responsibilities of the Department of Corporate Services.

2. Requests for copies of individual policy documents will be dealt with by the department affected.

Act Sec #	21.1(2), 2(s.02)
Effective Date	02 March 1994
Amended	
Application	All Requests for Policy Manuals and Policy Documents
Doc #	10.2
Supersedes	N/A
Complements	PRO 24/95 Doc # 10.1

10.6 Access/Collection/Release of Information (POL 12/2003)

Document Date November 5, 2003

Purpose To provide guidelines for staff concerning the access, collection and release of WCB information

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DEFINITION

File Information means information that would be routinely collected and included on an individual's file during the normal course of business, and that may be released to a worker, a worker's representative or an employer. File information does not include legal opinions, comments or advice concerning specific courses of action recommended by the board solicitor; nor does it include an investigator's working papers or notes.

Bulk Data means all WCB information, written or electronic, not included in the definition of file information. Bulk data is aggregate and statistical in nature and does not include any individual client identifiers.

Client means a claimant/worker or employer.

Investigator means an auditor, or an investigator specifically designated to collect information required to make an inquiry on behalf of the WCB.

BACKGROUND

1. Section 171.1(1) of *The Workers' Compensation Act, 1979* (the "Act") requires the Workers' Compensation Board (the "WCB") to release information to workers, their representatives or dependants when a review or reconsideration of a decision is requested.
2. Section 171.2 (1) of the Act permits the WCB to release information to employers even though they are not a party to the review or reconsideration. In such cases, the release must comply with all the provisions set out in Section 171.2.
3. Sections 23 and 27 of the Act authorize the WCB to gather evidence and make inquiries that will allow the WCB to examine, hear and determine all matters or questions arising under the Act, pursuant to Section 22.
4. Section 171(1) states that it is an offence for any officer of the WCB to divulge information gathered in an inspection "except in the performance of his duties or under the authority of the board."

5. Section 60 of The Freedom of Information and Protection of Privacy Act (FOIPP) provides that the head may designate an Access Officer to whom the public must apply in order to access WCB information. Section 2(1)(e)(ii) of the FOIPP Act and Section 4 (c) of the FOIPP Regulations prescribe the chairperson of the WCB as the head, for the purposes of the FOIPP Act.

6. The WCB may enter into mutual information sharing agreements that are advantageous to the WCB, claimants, the requesting WCB departments, and outside agencies.

POLICY

Confidentiality

1. The WCB is committed to assuring the public trust in all matters concerned with the administration of the Act. This includes implementing appropriate safeguards to regulate and protect the confidentiality of information collected by staff in the course of their duties or in the release of information to third parties.

2. Subject to the provisions of the following policy, WCB staff will be bound by a signed confidentiality agreement that prohibits them from releasing any information gathered in the course of their duties, unless expressly authorized to do so.

3. Third parties to whom the WCB may disclose information will be required to treat the information in accordance with a confidentiality agreement.

Designation of Board Access Officer

4. The WCB, through the Chair and under the authority of section 60 of FOIPP, has appointed the board solicitor as access officer and hereby delegates to that solicitor the duties and powers of the head as prescribed in FOIPP Act. Any application submitted in the form prescribed under the FOIPP Act will be forwarded directly to the board solicitor.

Collection of Information by the Board

5. Information collected in the course of determining or investigating a claim or any other matter arising from the Act will be limited to that information related to and required to make a decision on that matter.

6. Information collected by WCB investigators or officers authorized to conduct inquiries will not be divulged other than in the normal course of their duties, or under authority of the WCB.

Third party Release of Information

7. Requests to release file information where the WCB is under legal obligation to comply (e.g., the courts and law enforcement agencies) must be honoured. Where there is any concern or question, the advice of the board's solicitor will be sought. All inquiries under the FOIPP Act will be forwarded immediately to the solicitor as designated respondent.

8. Although the WCB is under no legal obligation to comply, the board solicitor or designated authority may release file information to assist the worker in establishing entitlement to the other benefits, subject to a signed release from the worker. In accordance with Procedure PRO 24/95 – Third Party Access to File Information, the information provided will be restricted to:
   a. Amount of earnings loss compensation and the period involved.
   b. Whether the worker is currently receiving benefits.
   c. The nature of the worker's injury.
   d. Names and addresses of medical practitioners who have submitted reports to the worker's file.
   e. Any other information that the worker authorizes the WCB to release in support of their entitlement to other benefits.

9. Subject to the following provision and in accordance with Procedure PRO 06/96 – Claim Files – Access Requests, consideration will be given to workers or their dependants, a worker's representative or an employer requesting access to file information.

10. Legal opinions submitted by the board solicitor to assist in making decisions are privileged under the law and do not form part of the file. Under no circumstances are these legal opinions to seen by or sent to the requesting party without the approval of the solicitor. The restriction also applies to an investigator's notes that may have been included on the file.

11. File information to be used in the appeals process may be released to workers, workers' advocates and employers pursuant to Sections 171.1 and 171.2 of the Act. The authorized party may attend and examine the file or if this not practical, a copy of the file may be provided.

12. Pursuant to Section 171.1(2) of the Act, medical reports considered harmful to the worker or any other person will not be sent directly to the worker. This information will be forwarded to the attending physician with a covering letter of explanation. When staff members are unsure, the advice of Medical Services is to be sought.

13. Requests for file information from Members of the Legislative Assembly (MLAs) of Saskatchewan or Members of Parliament (MPs) of Canada are to be directed to the Executive Assistant to the CEO or designate, who will discuss claims on the basis that the MLA or MP is advocating for the worker in question. If copies of documents are requested, the MLA or MP must obtain a waiver from the worker in the usual manner.

Exchange of Information

14. The WCB may enter into a Memorandum of Understanding (MOU) with government agencies or organizations for the regular exchange of information. These may include Human Resource Development Canada (HRDC), Canada Customs and Revenue Agency (CCRA), Community Resources and Employment (formerly Social Services), Saskatchewan Health, Saskatchewan Department of Labour, the Office of the Workers' Advocate, Saskatchewan Government Insurance (SGI), Industry Safety Associations or any other organization deemed appropriate or mutually beneficial to the agency and the WCB.

15. Agreements referred to in point 14 will be executed by the CEO or designate and must be reviewed by the solicitor prior to execution. Original documents will be centrally stored in Legal Services with copies held by the relevant departments.

16. Although individual agreements will vary on specific terms, all third parties will be bound by a confidentiality clause regarding the use and storage of information requested, stating:
    a. Information is to be used only for the purpose requested.
    b. Information is to be used only by the parties to the agreement, except where subsequent disclosure is specifically permitted by the WCB (e.g. as evidence).
    c. Information will be afforded adequate and appropriate security.

17. Where no MOU between WCB and the requestor exists, employer information and statistics regarding injuries and deaths may only be released as Bulk Data and in compliance with the following:
    a. The requested information is to be used to enhance safety and prevention and not for commercial purposes.
    b. The information is to be made anonymous such that individual employers or claimants are not identifiable.

18. There may also be requests from time to time from an employer's representative, usually a consultant working for the employer, for information relating to an employer's workplace injury history (employer claims summaries or statements of

injury costs). This information may be released subject to the employer providing Revenue and Employer Accounts (REA) with an original signed waiver.

Release of Information to the Media

19. The Director of Planning & Communications (P&C) is designated as the WCB contact for all media inquiries and is authorized to release information to the media after consultation with senior management.

20. Where a worker or employer has approached the media, the WCB may view this as a waiver of confidentiality and could allow release of File Information, however, prior written notice will be provided to the client. Where the media approaches the WCB, the Director of P&C shall ask the media representative to obtain a signed waiver from the client before any information is released.

Methods of Release

21. **Release of Electronic Information**: The access, collection and release of information stored in electronic format is considered to be the same as information stored in paper format and will be governed by this policy; an MOU will be required. Technical advice regarding the methods of releasing the data will be provided by ITS, in accordance with the provisions of the WCB's Information Technology Security Manual, when developing the MOU. This manual is summarized in ADM 02/2002 – Information Technology Security.

22. **Release of Information via E-Mail**: E-mail messages sent outside the WCB may not be private or secure and could be intercepted. Therefore, File Information that mentions a claimant by name should not be released via e-mail without the consent of the claimant. Bulk Data may be sent to outside agencies through e-mail provided the conditions set out in Point 17 of this policy are met.

23. **Release of Information by Telephone**: The release of information over the telephone will be governed by the instructions contained in Procedure PRO 08/97-Telephone Information Disclosure.

Act Sec #	22, 27,139.1,171,171.1,171.2 *Sections 28,29,60 of The Freedom of Information and Protection of Privacy Act.*
Effective Date	01 January 2003
Amended	
Application	All requests for information to and from the WCB
Doc #	10.6

Supersedes	POL 16/92	
Complements	PRO 06/96	Doc # 10.2
	PRO 24/95	Doc # 10.1
	PRO 08/97	Doc # 10.3
	PRO 32/95	Doc # 10.5
	POL 15/2002	Doc # 10.7

10.7	**Storage, Archiving and Destruction of Information (POL 15/2002)**
Document Date	December 20, 2002
Purpose	To provide guidelines for staff concerning the storage, archiving and destruction of information

DEFINITION

Archive: Means the storing of records such as historically important material, policies, legal opinions and Board minutes at the Saskatchewan Archives Board (the "Archives").

Board Records: Means all recorded information regardless of format. held by the WCB. This includes paper records, electronic records, photographs, microfilmed material, and imaged items.

Administrative Records: Means files of a routine nature such as human resource records, finance records, and building and properties records.

Destroy: Means the destruction of Board Records by shredding, pulverizing, disintegrating, or burning of paper, tapes, disks or any other media.

Operational Records: Means appeal files, claim files, medical files, legal opinions, investigative files or employer account files that refer to an individual claimant or employer.

Records Disposal: Means either the destruction or the transfer of records to a storage facility or archives.

Records Storage: Means storing Board records not used on a regular basis for administrative or operational purposes either on-site or at off-site locations by company(s) contracted to store records by the Board.

Records Retention Schedule: Means a control document that describes each department's documents and indicates the length of time each document shall be retained as active before transfer to a storage facility, the archives, or destruction.

Storage Facility: Means a public or private agency that the WCB contracts with to provide storage facilities for WCB documents or records.

Client means a worker or employer.

BACKGROUND

1. The *Freedom of Information and Protection of Privacy Act* (FOIPP) prescribes the Workers' Compensation Board (the "WCB") as a "government institution" subject to the provisions of that Act with the exception that Sections 171.1 and 171.2 of the Workers' Compensation Act, 1979 are exempt.

2. The *Health Information Protection Act* (HIPA) will govern the collection, storage, use and disclosure of personal health information in Saskatchewan. The WCB has been exempted from the bulk of HIPA; however, the WCB must comply with those parts of HIPA that relate to the storage, retention and destruction of personal health information.

3. The Saskatchewan Archives Board (the "Archives") could provide the WCB some valuable service with regards to the storage and protection of historical WCB documents. Staff at the Archives will assist the WCB if the WCB wishes to avail itself of this service.

4. The WCB recognizes that to maintain security and confidentiality, a standardized process must be implemented for the storage, archiving and destruction of all WCB records. Given the volume of information, documents and records maintained by the WCB in various formats, there is an increasing urgency to implement a consistent records management system to secure, store, archive, and destroy information.

POLICY

General

1. All records created by WCB employees in the course of their duties will be retained for as long as they are required to meet the operational, legal and administrative requirements of the WCB.

2. In the absence of a paper copy of a document an electronic copy of that document is considered to be a legal original.

Responsibility for Records Management

3. Each department will be responsible for the storage, archiving, and destruction of it's own records whether they are administrative or operational in nature.

Conversion of Paper Records

4. The WCB encourages the scanning, microfilming, and imaging of all paper records in order to save storage costs.

Records Retention Schedule

5. Each department will maintain a Records Retention Schedule for paper records using the example shown in the procedure to this policy as a guide. The schedule will determine the length of time that all WCB paper documents which have not been scanned, microfilmed, or imaged will be retained on site, stored, sent to the archives, or destroyed.

6. The WCB adopts the Saskatchewan Administrative Records System Manual (SARS Manual), which is the records manual for Saskatchewan Government departments, as WCB guidelines for the management of paper records. The SARS Manual is available from the Facilities department.

Records Storage

7. In-house storage of all records should be in a clean, dry location with adequate security for the type of information stored. Electronic media and records are to be stored in containers that provide environmental and magnetic protection with a fire rating of at least one hour. Records should not be put in areas subject to water damage, mould or infestation. Other public and private storage facilities are to meet the same standards.

Archiving and Long Term Storage

8. The Saskatchewan Archives is to be used for any archiving of WCB historical records and all Policies, Legal Opinions and Board minutes. To ensure preservation of the WCBs' history, the records will be transferred to the Archives in accordance with standard procedures that can be obtained by the Archives. The Saskatchewan Archives Disposal Request Form will be used.

9. Private or public storage agencies will be contracted for the long-term storage of records that are not required on a regular basis but may be needed from time to time to perform operations. The agencies contracted must agree to the following conditions:
   a. The integrity, accuracy, and confidentiality of the information is protected (a confidentially clause will be included in the contract).
   b. The information is protected against any reasonably anticipated threat or hazard.
   c. The information is protected against any reasonably anticipated loss.
   d. The information is to be stored so that it is retrievable, readable and useable by WCB staff in whatever medium it stored.

10. The Facilities department will be responsible for arranging for the storage and destruction of documents no longer needed by departments.

11. For reasons of economy only records that are not needed on a regular basis are to be stored. All other paper records, once they are microfilmed or imaged, will be destroyed.

Destruction of Records

12. Paper records will be destroyed under controlled conditions in a manner that protects the privacy of individual claimants and the WCB by shredding, pulverizing, disintegration or burning.

13. If it becomes necessary to destroy electronic records, they will be destroyed on the authority of the director or manager of a department that is responsible for the data by deleting them from the WCBs' storage systems or by shredding, pulverizing, disintegration, or burning of the tapes, disks or any other media. Electronic operational records will be destroyed in a manner that protects the privacy of the individual client.

14. Each department will maintain a log of records destroyed. The log will include: a description of the records, the date range, volume of records, and the date, method and agency responsible for destruction, (i.e., the department itself, the Archives or a Storage Facility). ITS will develop and maintain a log of electronic data that has been authorized by department heads for destruction. The appropriate Vice President will review these Logs, on a quarterly basis, to ensure compliance with this Policy.

Act Sec #	171(1), 171(2) The Freedom of Information and Privacy Act. The Health Information Protection Act
Effective Date	01 January 2003
Amended	
Application	Internal Staff
Doc #	10.7
Supersedes	
Complements	POL 12/2003 Doc # 10.6